Iowa Medicaid Drug Utilization Review Commission Annual Report of Activities

Fiscal Year End 2011
(July 2010-June 2011)

Prepared for Department of Human Services By Goold Health Systems

Submitted by
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Iowa Medicaid Drug Utilization Review Commission

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The Iowa Medicaid Drug Utilization Review Commission

Goold Health Systems has developed the following report for the Iowa Department of Human Services. This report provides a summary description of the activities of the Iowa Medicaid Drug Utilization Review Commission, along with an evaluation of the Iowa Medicaid retrospective drug utilization review program. Information contained in this report covers projects completed and evaluated during the time period of July 2010 through June 2011.

Background Information

Established in 1984, the DUR Commission is charged with promoting the appropriate and cost-effective use of medications within the Iowa Medicaid member population. Acting as a professional advisory group, the Commission analyzes medication utilization by the members of Iowa Medicaid and performs educational initiatives to optimize member outcomes. The Commission performs retroDUR and educational outreach through patient-focused reviews and problem-focused reviews. The Commission supports the proDUR program through criteria review and acts as a resource to the DHS on other issues concerning appropriate medication use.

Patient-Focused Reviews

Patient-focused reviews are completed with the review of 300 member profiles at each meeting (six times annually). The DUR subcontractor generates these profiles through a complex screening process. The first step of the screening process subjects member profiles to a therapeutic criteria screen. If a profile is found to have failed one or more therapeutic criteria, the member profiles are then assigned a level of risk based on their medication history and potential for adverse events regarding medication. The profiles with the highest level of risk are then selected for the Commission to review. Six months of prescription claims data and medical claims data, if available, are assessed to determine this risk factor.

The member profiles selected from this process are manually reviewed by the Commission to minimize false positives generated by the computer selection process. The Commission identifies situations where educational intervention might be appropriate. Through these interventions, suggestions regarding medication therapy are communicated to the care providers. Templates are developed for suggestions that are frequently communicated to providers. The reviewer may also author an individualized suggestion if a template suggestion is not applicable. These template suggestions are located in the tab labeled Therapeutic Recommendations.

Educational interventions are generally done by letters to prescribers and pharmacists, but may also be done by telephone or in person. The suggestions made by the Commission are educational and informative in nature. Suggestions may be classified as either therapeutic or cost saving in nature. In addition, these suggestions are classified by problem identified for reporting purposes. The classifications are as follows:

- Not Optimal Drug
- Not Optimal Dose
- Not Optimal Duration
- Unnecessary Drug Use
- Therapeutic Duplication
- High Cost Drug

- Drug-Drug Interaction
- Drug-Disease Interaction
- Adverse Drug Reaction
- Patient Overuse
- Patient Underuse
- Therapeutic Alternative
- Missing Drug Therapy
- Not Optimal Dosage Form
- Potential Generic Use
- Inappropriate Billing

Suggestions are intended to promote appropriate and cost-effective use of medications. When suggestions result in cost savings, these savings are calculated based on decreased cost of medications. However, several of these classes of interventions are intended to increase the use of medications. Examples are member underuse and missing drug therapy. In these cases, the addition of medication therapy will increase medication expenditures, but will be beneficial to the member and should result in cost savings in medical services and/or improved quality of life. Cost savings in these situations cannot be calculated due to data limitations. Therefore, these suggestions are considered to have a positive impact on the program with no medication cost savings. Cost savings on medical services are assumed however not calculated.

Providers are invited to respond to the Commissions' suggestions and to request additional information from the Commission. Reponses are voluntary and response rates are calculated for prescribers and pharmacists.

Once a member's profile is reviewed, it is excluded from the selection process for nine months to eliminate repeat selections. After this waiting period, the current profile for each member is generated and reviewed to determine if the Commission's suggestion was implemented. If so, fiscal considerations resulting from that change are also calculated. The policy regarding these calculations is included in Appendix B.

Problem-Focused Reviews

Problem-focused reviews narrow the emphasis of review to a specific issue that has been determined to be an area where a targeted educational effort to providers may be valuable. Topics for review are selected from findings of patient-focused reviews or from reviews of medical literature. Criteria are developed to identify the members who may benefit from intervention and educational materials are disseminated to their providers. Providers are encouraged to voluntarily respond. The member profile is generated again in an appropriate amount of time (typically 6 to 9 months) to determine the impact rate of the intervention, along with any fiscal considerations. The policy regarding these calculations is also included in Appendix B.

Administrative Review

The Commission will review utilization data and medical literature to make recommendations to the Department of Human Services (DHS) regarding policy issues. These recommendations are made to promote the appropriate use of medications and positive member outcomes. Recommendations are made at the request of the DHS or at the Commission's discretion. All authority to accept or reject DUR Commission recommendations lies with the DHS. The Commission may make recommendations but does not make policy. Primary areas for recommendations include proDUR, drug prior authorization (PA), coverage of medications, and administrative and billing procedures. The prospective drug utilization review (proDUR) system is currently administered by Goold Health Systems (GHS) and was implemented statewide in July 1997. The Commission reviews the criteria utilized by GHS and provides input regarding therapeutic validity. Special attention is given to eliminating false positive messaging.

The Commission recommends new or updated guidelines for use in the drug prior authorization program. This process is based on reviews of medical literature in addition to comparisons with other public and private sector programs. Input from providers outside the Commission, particularly specialists, is often sought when developing these guidelines. Once developed, the guidelines are sent to the medical and pharmacy associations in the state for comments. After considering these comments, a final recommendation is made to the Department. The Department may or may not accept the recommendation or may alter the recommendation. These guidelines are then subject to the administrative rules process prior to any policy implementation.

The Commission also makes recommendations regarding coverage of medication or devices. As most coverage requirements are defined by OBRA '90, these recommendations generally encourage coverage of optional services. An example would be the coverage of select over-the-counter medications. If the Department accepts the Commission's recommendation, the proposed coverage change is subject to the administrative rules process prior to implementation.

The Commission reviews pharmacy claims with respect to administrative procedures. Situations where funding for medication can be obtained from other sources are relayed to the Department for their action. For instance, Medicare will pay for immunosuppressive medications for transplant patients and nebulizer solution for dual eligible patients. The Commission also identifies situations where the Department may recover funds from inappropriate billing.

Overall Results

Activities of the Commission were evaluated for State FYE 2011 for interventions performed in the previous or the current fiscal year. The direct cost savings from all activities of the Commission are calculated to be $662,708.54* which equates to $2.45* for every $1.00 of combined federal and state dollars spent administratively. This calculation is based on estimates regarding two types of reviews: patient-focused reviews and problem-focused reviews. These results are also found in Appendix C.

Cost Savings Estimate	$662,708.54*
Cost of the Program (state and federal dollars)	$270,000.00
Net cost Savings Estimate	$392,708.54*
Savings per Total Dollar Spent (state and federal)	$2.45*
Savings per State Dollar Spent	$4.91*

Patient-focused reviews resulted in $227,992.82* in direct cost savings, or $270.45* per patient evaluated. This estimate is based on the 1,287 suggestions made by the Commission identified from the review of the medication therapy of 2,100 patients. Of these 1,287 suggestions, 183 suggestions were implemented by the providers, resulting in a 14.22% impact rate.

Patient-Focused Profile Review	
Suggestions Made	1,287
Therapy Changed	183
IMPACT RATE	14.22%
Cost Savings Estimates:	
Dollars Saved per Patient Evaluated	$270.45*
Dollars Saved on Medication	$227,992.82*

* Savings reported are pre-rebate, total dollars

Problem-focused reviews resulted in an estimated cost savings of $434,715.72* or $372.19 saved per patient evaluated. This estimate is based on the review of profiles with 1,168 patients selected for interventions. Therapy was changed for 343 patients, resulting in an impact rate of 28.60%.

Problem-Focused Profile Review	
Patients Evaluated	1,168
Therapy Changed	343
IMPACT RATE	29.4%
Cost Savings Estimates:	
Dollars Saved on Patient Reviews	$434,715.72*
Dollars Saved per Patient Evaluated	$372.19*
Total Dollars Saved on Medication	$434,715.72*

Comparison to Previous Reports

Cost savings estimates for State FYE 2011 ($662,708.54*) are lower than last year. This decrease is due in part to the following:

- An evolving Preferred Drug List (PDL) that controls costs through Prior Authorization (PA) and the use of preferred medications that are cost effective for the State which resulted in fewer suggestions being made to providers.
- A majority of cost savings opportunities that had been included in past annual reports are no longer available such as quantity limits, dose consolidation, and age edits as these were implemented as ProDUR edits for the pharmacy program.

The savings from State FYE 2011 patient-focused reviews ($227, 992.82*) were higher than State FYE 2010 ($103,577.16*). The number of suggestions made (1,287) vs. (1,252) increased while the number of suggestions that were accepted (183) vs. (119) also increased from State FYE 2010.

The savings from problem-focused reviews for State FYE 2011 ($434,715.72*) were lower than State FYE 2010 ($681,489.21*). This was due to the fact that in State FYE 2011, a smaller total number of patients were reviewed and two problem focused studies required the addition of medication thus incurring a cost to the program.

* Savings reported are pre-rebate, total dollars

Results by Review Type

Patient-Focused Review

During this evaluation period, 2,159 educational intervention letters were mailed to prescribers and pharmacies regarding medication therapy. Of this total, 1,145 letters (53.03%) were mailed to prescribers, and 1,014 (46.97%) letters were mailed to pharmacies. Providers are invited to voluntarily respond to Commission letters. Providers returned 566 responses to these letters, resulting in an overall response rate by the providers of 26.22%. Of this total, 392 (69.26%) responses were from prescribers and 174 (30.74%) were from pharmacies. The response rate differed between physicians and pharmacies; 34% for physicians and 17% for pharmacies.

In these 2,159 educational letters, the Commission made 1,287 suggestions. Of these suggestions, 1,224 (95.03%) were therapeutic in nature while 63 (4.97%) were cost-saving in nature. The suggested change was implemented in 183 cases, resulting in an overall impact rate of 14.22%. Of these changes, 178 (97.27%) were therapeutic in nature while 5 (2.73%) were cost-saving in nature.

Of the 1,287 suggestions, four types of suggestions accounted for over 88.81% of the total. Those four suggestions were Drug-Drug Interaction (2.95%), Not Optimal Duration (6.29%), Therapeutic Duplication (74.67%), and Not Optimal Dose (4.90%). No other single category accounted for more than 3% of the total suggestions. Of the 183 changes, the most common reasons for the Commission's inquiry were Inappropriate Billing (3.29%), Therapeutic Duplication (72.68%), Not Optimal Dose (6.56%), and Not Optimal Duration (3.84%). No other single category accounted for more than 2.8% of the changes. Detailed information is found in Appendix D.

The suggestions that resulted in change the highest percentage of the time were High Cost Drug (100%), Therapeutic Alternative (66.67%), Patient Underuse (37.50%), and Patient Overuse (33.33%).

Implementation of therapeutic suggestions resulted in direct drug cost savings of $225,136.87*. Implementation of the cost-saving suggestions resulted in direct drug cost savings of $2,855.95*. The total amount saved on medication utilization was calculated to be $227,992.82* for the 1,287 patients evaluated, or $270.45* per patient. The complete details of the results of patient-focused studies reported monthly are also outlined in Appendix D.

Included in Appendix D are Intervention Case Summary examples presented to the Commission during the year. These summaries detail the process of specific patient-focused reviews including problem identification, intervention, provider response and outcome. The examples provide an easily understood method to demonstrate the value of retrospective patient focused DUR.

* Savings reported are pre-rebate, total dollars

Problem-Focused Reviews

Ten problem-focused reviews were evaluated during State FYE 2011. In conducting these studies, 1,168 patient profiles were reviewed and selected for intervention. Of these patients, 343 cases showed evidence of a positive outcome, resulting in an impact rate of 29.37%. These changes in therapy resulted in annualized cost savings of $434,715.72 or $372.19 per patient evaluated. Results of all focus studies are detailed in Appendix E. The purpose for each problem-focused review and a complete description of results are available in Appendix F.

Administrative Review

Prior Authorization

The Commission annually reviews the prior authorization program for clinical appropriateness. Changes are recommended to the Department of Human Services. During the State FYE 2011, the Commission reviewed all therapeutic categories requiring prior authorization as well as therapeutic criteria to support operations of the Preferred Drug List. Recommendations for modifications to existing criteria were made for the following categories: Biologicals for Arthritis, Biologicals for Inflammatory Bowel Disease, Biologicals for Plaque Psoriasis, Extended Release Formulations, Lidocaine Patch, Lipase Inhibitor Drugs, Biologicals for Arthritis, Modified Formulations, NSAIDs, PPIs, Selected Brand Name Drugs, and Vitamins, Minerals and Multiple Vitamins The following is a list for which new categories of clinical prior authorization criteria were developed: Buprenorphine (*Butrans*), Dalfampridine (*Ampyra*), Extended-Release Alpha$_2$ Agonists, Sodium Oxybate (*Xyrem*), and Topical Immunomodulators The recommendation was made to remove existing criteria for Alpha-Blockers, Urosepcific due to the availability of the generic at a favorable price to the State.

In addition, the Commission re-reviewed the new *Red Book Guidelines* on RSV prevention to determine if changes needed to be made to the Palivizumab (*Synagis*) Clinical PA criteria. They felt that the evidence supporting the new *Red Book Guidelines* still contained no new clinical data. Therefore, the Commission recommended making no changes to the PA criteria for the 2010-2011 RSV Season. They went on to recommend a start date of November 15th with a maximum of 5 doses.

These recommendations can be found in Appendix G.

Prospective Drug Review

The Commission reviews and recommends prospective drug utilization review criteria to be utilized by the Department. The following prospective DUR edits were recommended to the Department by the Commission in State FYE 2011:

- Point of Sale age edit on promethazine-containing products for children under 2 years of age.
- Point of Sale age edit on promethazine-plus codeine cough syrups for children under 6 years of age.
- Quantity Limit of 30 capsules per 30 days for all PPIs.
- Point of Sale edit for *Colcrys* allowing 3 tablets per 60 days without PA.

Information regarding the Commission recommendations for prospective DUR can be found in Appendix H.

Other Activities

The Commission reviews changes made to the state maximum allowable cost (SMAC) list and the federal upper limit (FUL) list for prescription drugs to determine if narrow therapeutic index concerns exist. Appendix I lists the changes to the SMAC and FUL programs that were reviewed by the Commission.

Three newsletters were written and distributed by the Commission to the Medicaid provider community during this fiscal year. A copy of these newsletters is provided in Appendix J. Topics include:

- Prevention and Management of Diabetes Complications – Dyslipidemia
- Clonidine Poisoning
- Chronic Pain Syndromes PA
- Prescription Drug Use on the Rise Over the Past 10 Years
- Use of Clopidogrel in ACS and Cerebrovascular Disease
- Specialty Drug List
- Prevention of Cardiovascular Disease in Women

The Commission maintains a web site to improve communication with a variety of stakeholders. The web site is found at www.iadur.org. The site contains information regarding upcoming meeting dates, locations, agendas, minutes from the previous meeting, the Smoking Cessation Report to the State, as well as past issues of the provider newsletter, the *DUR DIGEST*. In addition the web site provides meeting agendas and minutes for the Drug Utilization Review Mental Health Advisory Group. A copy of this web site is found in Appendix K.

Brett Faine, Pharm.D., was selected to serve a four-year term and attended his first meeting in August 2010.

Richard Rinehard, M.D. completed his second term in June. Gregory Barclay M.D. was selected to serve a four-year term beginning July 1, 2011.

Bimonthly prevalence reports were developed to allow the Commission to analyze changes in medication use across the entire Medicaid patient population. Copies are found in Appendix L. Complete meeting minutes for all Commission meetings are available in Appendix M.

The Iowa Medicaid Drug Utilization Review Mental Health Advisory Group (MHAG) was established in State FYE 2008. Descriptions of the program, as well as meeting minutes are found in Appendix N.

The Commission is responsible for monitoring the smoking cessation benefit provided under the medical assistance program and for providing a report of utilization, client success, cost effectiveness, and recommendations for any changes in the benefit to the State. This report is located in Appendix O.

Periodically the Commission will make recommendations to the Iowa Medicaid Pharmacy & Therapeutics Committee regarding the status of a medication on the Preferred Drug List (PDL). A copy of State FYE 2010 recommendations can be found in Appendix P.

Appendix A
Commission Members

Iowa Medicaid Drug Utilization Review
Commission Members
2010-2011

Larry Ambroson, R.Ph.

Larry Ambroson currently owns and operates The Medicine Shoppe Pharmacy in Newton, Iowa. Before returning to Iowa, Larry worked as a staff pharmacist for Columbia Regional Hospital in Columbia, Missouri. In addition to running his business, Larry also sits on a review board with Capstone Health in Newton. Larry was appointed to the DUR Commission in 2009; his first term will expire in 2013.

Casey Clor, M.D.

Dr. Clor has been a family practice physician at the Mercy East Family Practice clinic since completing his residency at the Mercy/Mayo Family Practice Residency Program in Des Moines. Dr. Clor also holds a Masters of Pharmacy Sciences. In addition to family medicine, Dr. Clor has experience in emergency medicine, has served as the Assistant Director for the Mercy Center for Weight Reduction, as well as serving as part of the adjunct faculty for Des Moines University. He currently is serving on the Governor's Council on Physical Fitness and Nutrition. Dr. Clor was appointed to the DUR Commission in 2009; his first term will expire in June 2013.

Brett Faine, Pharm.D.

Dr. Faine is a Clinical Pharmacy Specialist in Emergency Medicine at the University of Iowa Hospital. He serves as a preceptor to residents and Pharm.D. students in the Emergency Treatment Center. Dr. Faine received his Pharm.D. degree from University of Iowa and completed an ASHP-accredited PGY1 Pharmacy Residency at the University of Iowa Hospitals and Clinics. Dr. Faine was appointed to the DUR Commission in 2010; his first term will expire in June 2014.

Mark Graber, M.D., FACEP

Dr. Graber is a Professor of Emergency Medicine and Family Medicine at the University of Iowa Carver College of Medicine. Dr. Graber graduated from Eastern Virginia Medical School and completed his Family Practice Residency at the University of Iowa. In addition to his clinical duties, Dr. Graber serves as an advisor to medical students and residents, and has published numerous text books, reviews, and papers in publications such as The *Annals of Pharmacotherapy*, *Emergency Medicine,* and *American Family Physician*. Dr. Graber also serves as an associate Clinical Editor of the Prescribers Letter. Through his travels, Dr. Graber has presented throughout the United States as well as Ukraine, Russia, and China. In 2007, Dr. Graber was honored by appearing on the "Best Doctors In America" list. Dr. Graber was appointed to the Commission in 2008; his first term will expire in June 2012.

Craig Logemann, R.Ph., Pharm.D., BCPS, CDE

Craig Logemann is a clinic pharmacist with Partners in Health Clinics in Des Moines. He graduated with his Bachelor Degree in Pharmacy from the University of Iowa in

1988. He completed a pharmacy residency at the University of Iowa Hospitals and Clinics. Later, he received his Doctor of Pharmacy degree from the University of Minnesota. He was an Assistant Professor at the University of Iowa College of Pharmacy for nine years prior to accepting his current position. His second term will expire in June 2012.

Susan Parker, Pharm.D.

Susan Parker is the Pharmacy Consultant in the Bureau of Long Term Care for the Department of Human Services and serves as liaison to the Commission. She graduated with a Doctor of Pharmacy degree from Mercer Southern School of Pharmacy in Atlanta, Georgia. She is also a graduate of Gannon University in Erie, Pennsylvania with a Bachelor of Science degree Physician Assistant. Dr. Parker brings to the Commission a variety of experience in health care as an Iowa Medicaid drug prior authorization pharmacist, community pharmacist, and physician assistant. She is a member of the American Medicaid Pharmacy Administrators Association and the Western Medicaid Pharmacy Administrators Association.

Laurie Pestel, Pharm,D

Laurie Pestel is the pharmacy manager at Hy-Vee in Red Oak, Iowa. She graduated with her Doctor of Pharmacy degree from Creighton University in 2000. She served on the Board of Professional Affairs as a member of the Iowa Pharmacy Association in 2006. Laurie has experience with both long-term care and retail pharmacy. Dr. Pestel was reappointed for a second term in 2011 which will expire in June 2015.

Richard Rinehart, M.D.

Dr. Rinehart is a staff psychiatrist at the Iowa City VA Medical Center and a clinical assistant professor at the University of Iowa Hospital and Clinics. He graduated from Ohio State University and completed his residency at the University of Iowa. He was in private practice in Cedar Rapids for 12 years prior to accepting his current position. He is a member of the Iowa Psychiatric Society. Dr. Rinehart's second term will expire in June 2011.

Sara Schutte-Schenck, D.O.

Dr. Schutte-Schenck is a graduate of Drake University and the University of Osteopathic Medicine and Health Sciences. She completed her pediatric residency at Blank Children's Hospital and is currently in practice in Des Moines. Dr. Schutte-Schenck is board certified by the American Academy of Pediatrics. She has previously served on P & T committees as well as credentialing committees for SecureCare of Iowa. Currently, she serves as a member of the Utilization Management Committee for Coventry Healthcare of Iowa. Dr. Schutte-Schenck's second term will expire in June 2012.

Appendix B
Evaluation Procedure

EVALUATION OF THE IMPACT OF PROSPECTIVE AND RETROSPECTIVE DRUG UTILIZATION REVIEW INTERVENTIONS

The goal of Drug Utilization Review (DUR) is to evaluate cost savings and provide quality assurance of medication use. The DUR Commission works in conjunction with the pharmacy medical program at the Iowa Medicaid Enterprise to contribute to the overall success of the program. The Drug Utilization program:

- Evaluates three areas of activity including Patient-focused Drug Utilization Reviews, Problem-focused Drug Utilization Reviews, and Administrative Activities.
- Examines only direct drug costs. DUR evaluation does not have the ability to quantify its impact on other health services such as hospitalizations, ER visits, and physician visits.
- Reports pre-rebate savings since access to supplemental rebates is not within the scope of the DUR program.
- Often provides recommendations that are qualitative, such as improved health outcomes, rather than quantitative in nature.

As a general principle, evaluations are based upon an observed change in the targeted prescribing or dispensing pattern, as well as changes seen in therapy of the individual patients. One evaluation approach is to observe and quantify changes in prescribing due to a given intervention compared to a control group of providers who do not receive the intervention. The intervention's impact on prescribing may be more readily detectable by this method and could be measured by comparing the two groups of patients or prescribers. However, it is very difficult to design a scientifically sound control group given the many variables surrounding patient care. Therefore, in most instances the DUR Commission has chosen to forego use of a control group to achieve the greatest impact. Although the evaluation of the intervention may be less scientific, intervention on behalf of all the patients is more desirable. In this instance, prescribing trends may not be available for comparison, but savings and benefit can still be quantified at the individual patient level.

<u>Patient-focused DUR</u>

Patient-focused DUR concentrates efforts on specific suggestions made about an individual patient. Each suggestion, or template, attempts to make a change in therapy. These changes are either therapeutic or cost-saving in nature; however, these situations are not necessarily mutually exclusive. A therapeutic change -- one that improves the patient's therapy in some way -- may also produce cost savings. Cost-saving changes are attempted when a patient is not receiving a medication in the most economical form. The intervention does not change the medication but points out that the same medication could be given in a more cost-effective manner. Each template and intervention is evaluated to determine if the proposed change was implemented and, if so, what economic implications can be calculated.

The calculation relating to therapeutic and cost saving interventions is tabulated by comparing a member's initial profile with the member's re-review profile. Each member profile is a six-month snapshot of medications covered by the Medicaid program. Pertinent information such as patient name and ID, date of service, drug name, strength, and quantity, RX number, day supply, prescriber and pharmacy ID, total price submitted, and amount paid appear on each profile. There are nine months in between the initial and re-review profiles to accommodate for provider review, response, and implementation for therapeutic and or cost changes. For each intervention, the total amount paid on the initial profile for any one intervention is noted. According to the intervention at hand, the re-review profile is evaluated for change. The amount paid on the re-review profile for the same intervention is also noted. A comparison between the profiles is calculated by subtracting the total amount paid from the initial profile with the total amount paid from the re-review profile. This calculation is then annualized multiplying the number by 2 to get the pre-rebate annualized savings. Consider this *cost saving* example:

Template sent to the provider:
According to the profile, this patient is receiving Lexapro 10mg tablets. Substantial cost savings can be realized by using one-half of a Lexapro 20mg tablet which is scored and easily broken. Would this patient be a good candidate for this cost-saving measure?

Information on initial profile sent to provider:
Lexapro 10 mg #30= $83.04
Lexapro 10 mg #30= $83.04
Lexapro 10 mg #30= $83.04
Lexapro 10 mg #30= $83.04
Lexapro 10 mg #30= $83.04
Lexapro 10 mg #30= $83.04
Total Amount Paid $498.24

Information on re-review profile used internally for evaluation:
Lexapro 20 mg #15 = $45.92
Lexapro 20 mg #15 = $45.92
Lexapro 20 mg #15 = $45.92
Lexapro 20 mg #15 = $45.92
Lexapro 20 mg #15 = $45.92
Lexapro 20 mg #15 = $45.92
Total Amount Paid $275.52

Calculation of annualized savings
$498.24 - $275.52 = $222.72 (savings for 6 months)
$222.72 x 2 = $445.44 (savings for 12 months)
Reported total pre-rebate annualized savings is $445.44

All savings for patient-focused review are based on annualized savings for one year only. Reporting on patient-focused interventions will provide the following information:

- Total number of templates mentioned
- Number of templates that were therapeutic in nature
- Number of templates that were cost-saving in nature
- Total number of changes implemented
- Number of changes that were therapeutic in nature
- Number of changes with positive impact without savings
- Number of changes that were cost-saving in nature
- Total dollars saved from therapeutic changes
- Total dollars saved from cost-saving changes
- Total dollars saved
- Impact of interventions expressed as a percentage

All templates are described by one of sixteen classifications. These classifications indicate the general type of intervention addressed by the template. Reports will also include a breakdown by classification (therapeutic or cost-saving) of the templates used in the patient-focused letters. This data will show which templates are cited most often, result in change most often, and result in higher cost savings.

Templates that are therapeutic in nature include:

- Not Optimal Drug
- Not Optimal Dose
- Not Optimal Duration of Use
- Unnecessary Drug Use
- Therapeutic Duplication
- High Cost Drug
- Drug-Drug Interaction
- Drug-Disease Interaction
- Adverse Drug Reaction
- Patient Overuse
- Patient Underuse
- Therapeutic Alternative
- Missing Drug Therapy

Templates that are cost saving in nature include:

- Not Optimal Dosage Form
- Potential Generic Use
- Inappropriate Billing

Problem-focused DUR

Problem-focused DUR concentrates efforts on a specific problem or trend in prescribing. While patient-focused reviews may address a multitude of situations, a problem-focused review addresses only one concern. The DUR Commission uses guidelines, literature and peer-group prescribing to identify particular clinical situations that need addressed. This process ensures that each intervention is unique due to the subject matter and may differ in steps of evaluation.

Reporting for problem-focused interventions will include the types of intervention done and the resulting savings. Savings are always calculated based on one year of therapy only and are calculated in the same manner as explained in the patient-focused DUR section.

Administrative Review

The Drug Utilization Review (DUR) program is a component of the Pharmacy Medical Division of the Iowa Medicaid Enterprise (IME). DUR contributes expertise and information that leads to implementation in other programmatic areas including, but not limited to: Prospective Drug Utilization Review, Prior Authorization, Preferred Drug List, Disease Management, and Supplemental Rebates. Although the DUR program impacts all of the different pharmacy programs it is difficult to determine where its impact begins and ends. Therefore, the savings associated with DUR contribution in other pharmacy areas cannot be determined. IME pharmacy programs are listed below along with a DUR impact statement and example:

- Prospective DUR
  Definition: A process in which a request for a drug product for a particular patient is screened for potential drug therapy problems before the product is dispensed.
  Impact: The DUR Commission reviews scientific literature regarding specific medications and makes recommendations to DHS on appropriate utilization guidelines or parameters.
  Example: The DUR Commission recommended that an age edit be placed on Provigil®, restricting its use in patients to those 16 years of age and older.
- Prior Authorization
  Definition: A process for obtaining approval for a drug before the drug is provided to a member, as a precondition for provider reimbursement. Prior authorization is requested at the prescriber level and is a prescriber fax-only system using the forms provided by the Iowa Medicaid Enterprise.
  Impact: The DUR Commission develops sound, cost-effective medication use guidelines by reviewing peer reviewed medical information form various sources. The Commission seeks outside expertise when necessary and considers public comments prior to

recommending step therapy for appropriate drug use.
Example: The DUR Commission developed the criteria for the Nicotine Replacement Therapy prior authorization.
Prior Authorization is required for over-the-counter nicotine replacement patches and nicotine gum. Requests for authorization must include:
1) Diagnosis of nicotine dependence and referral to the Quitline Iowa program for counseling.
2) Confirmation of enrollment in the Quitline Iowa counseling program is required for approval.
3) Approvals will only be granted for patients eighteen years of age and older.
4) The maximum allowed duration of therapy is twelve weeks within a twelve-month period.
5) A maximum quantity of 14 nicotine replacement patches and/or 110 pieces of nicotine gum may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4 week supply at one unit per day of nicotine replacement patches and/or 330 pieces of nicotine gum. Following the first 28 days of therapy, continuation is available only with documentation of ongoing participation in the Quitline Iowa program.

- Preferred Drug List (PDL)
  Definition: A list comprised of drugs recommended to the Iowa Department of Human Services by the Iowa Medicaid Pharmaceutical and Therapeutics Committee that have been identified as being therapeutically equivalent within a drug class and that provide cost benefit to the Medicaid program.
  Impact: The DUR Commission makes referrals to and considers requests from the Pharmacy and Therapeutics (P&T) Committee to improve drug therapy.
  Example: The DUR Commission recommended that the Iowa Medicaid Pharmacy and Therapeutics Committee change the status of products containing carisoprodol on the PDL from preferred to nonpreferred.
- Disease management
  Definition: A coordinated process by which Iowa Medicaid identifies and treats diseases within defined patient populations. This goal is achieved by identifying and delivering the most effective and efficient combination of available resources.
  Impact: The Commission reviews disease state guidelines to determine appropriate drug use, shares drug utilization information, and makes recommendations to improve therapeutic outcomes.
  Example: DUR exchanged patient specific information with case management regarding utilization patterns of Advair®.

- Supplemental rebates
  Definition: A rebate given in addition to rebates received under the CMS Rebate Agreement, pursuant to Section 1927 of the Social Security Act (42 USC 1396r-8).
  Impact: The existence of a supplemental rebate and how it may impact the price of a medication is taken into consideration when the DUR Commission makes recommendations.
  Example: The DUR Commission requested that the Iowa Medicaid P&T Committee review the different dosage forms of nicotine replacement therapy and share information as to which products were the most cost effective.

Appendix C
Overall Programs Results

Program Evaluation/Cost Savings Estimates
Iowa Medicaid Retrospective Drug Utilization Review
Annual Report
State Fiscal Year 2011

Patient Focused Profile Review

Suggestions Made	1,287
Therapy Changed	183
Impact Rate	14.22%
Cost Savings Estimates:	
Dollars Saved per Patient Evaluated	$270.46
Dollars Saved on Medication	$227,992.82

Problem-Focused Profile Review

Suggestions Made	1,168
Therapy Changed	343
Impact Rate	28.60%
Cost Savings Estimates:	
Dollars Saved per Patient Evaluated	$372.19
Dollars Saved on Medication	$434,715.72

Cost Savings Estimate	**$662,708.54**
Cost of the Program (State & Federal)	$270,000.00
Net Cost Savings Estimate	$392,708.54

Savings Per Dollar Spent (State and Federal)	**$2.45**
Savings Per State Dollar Spent	**$4.91**

Appendix D
Results Patient-Focused

Patient - Focu Reviews
State FYE 2011

Initial Review Date	October 2009 - September 2010			
Re-review Date	July 2010 - June 2011			
Patient Profiles Reviewed	2,100			
Profiles Selected for Intervention	843			
Intervention Letters Sent				
Prescribers	1,145	53.03%		
Pharmacists	1,014	46.97%		
Total	2,159			
Responses Received				
Prescribers	392	69.26%	**Overall Response Rate**	26.22%
Pharmacists	174	30.74%	Prescriber Response Rate	34.24%
Total	566	100.00%	Pharmacy Response Rate	17.15%
Total Number of Suggestions				
Therapeutic	1,224	95.10%		
Cost-Saving	63	4.90%		
Total	1,287			
Total Number of Changes				
Therapeutic	178	97.27%	**Impact Rate**	14.22%
Cost-Saving	5	2.73%		
Positive Impact Only	0	0.00%		
Total	183			

Patient - Focused Review
Month by Month Breakdown
State FYE 2011

Initial Review Date Evaluation Date	Nov-09 Aug-10	Dec-09 Sep-10	Feb-10 Nov-10	Mar-10 Dec-10	May-10 Feb-11	Jun-10 Mar-11	Aug-10 May-11	Total
Profiles Reviewed	300	300	300	300	300	300	300	2,100
Profiles Available for Evaluation	83	98	94	137	125	110	196	843
Total Number of Suggstions Made	96	125	122	188	181	321	254	1,287
Therapeutic	91	119	116	179	170	313	236	1,224
Cost Saving	5	6	6	9	11	8	18	63
Total Number of Changes Made	21	24	12	16	16	22	72	183
Therapeutic	21	23	12	16	16	22	68	178
Cost Saving	0	1	0	0	0	0	4	5
Positive Impact Only	0	0	0	0	0	0	0	0
Total Dollars Saved - Therapeutic	$31,673.64	$41,357.28	$35,879.16	$6,319.68	$17,178.00	$4,780.44	$87,948.67	$225,136.87
Total Dollars Saved - Cost Saving	$0.00	$2,652.24	$0.00	$0.00	$0.00	$0.00	$203.71	$2,855.95
Total Dollars Saved on Medication*	$31,673.64	$44,009.52	$35,879.16	$6,319.68	$17,178.00	$4,780.44	$88,152.38	$227,992.82
Total Dollars Saved per Profile	$381.61	$449.08	$381.69	$46.13	$137.42	$43.46	$449.76	$270.45

Medicaid DUR Impact Assessment Report
Patient-Focused Reviews
State FYE 2011

Initial Review Date Evaluation Date	Nov-09 Aug-10	Dec-09 Sep-10	Feb-10 Nov-10	Mar-10 Dec-10	May-10 Feb-11	Jun-10 Mar-11	Aug-10 May-11	Total	
Profiles Reviewed	300	300	300	300	300	300	300	2,100	
Profiles Evaluated	83	98	94	137	125	110	196	843	
Letters Sent	185	238	236	358	344	326	472	2,159	100.00%
Prescribers	96	125	122	188	181	179	254	1,145	53.03%
Pharmacy	89	113	114	170	163	147	218	1,014	46.97%
Responses Received	52	73	61	72	76	73	159	566	100.00%
Prescribers	48	46	50	58	43	49	98	392	69.26%
Pharmacy	4	27	11	14	33	24	61	174	30.74%
Total Number of Templates Mentioned	96	125	122	188	181	321	254	1,287	100.00%
Therapeutic	91	119	116	179	170	313	236	1,224	95.03%
Cost-Saving	5	6	6	9	11	8	18	63	4.97%
Total Number of Changes Made	21	24	12	16	16	22	72	183	100.00%
Therapeutic	21	23	12	16	16	22	68	178	97.27%
Cost-Saving	0	1	0	0	0	0	4	5	2.73%
Positive Impact Only	0	0	0	0	0	0	0	0	0.00%
Total Dollars Saved - Therapeutic Changes	$31,673.64	$41,357.28	$35,879.16	$6,319.68	$17,178.00	$4,780.44	$87,948.67	$225,136.87	98.75%
Total Dollars Saved - Cost Saving Changes	$0.00	$2,652.24	$0.00	$0.00	$0.00	$0.00	$203.71	$2,855.95	1.25%
Total Dollars Saved on Medication*	$31,673.64	$44,009.52	$35,879.16	$6,319.68	$17,178.00	$4,780.44	$88,152.38	$227,992.82	100.00%
Total Dollars Saved Per Profile Evaluated	$381.61	$449.08	$381.69	$46.13	$137.42	$43.46	$449.76	$270.45	

*Savings reported are pre-rebate, total dollars

Comment Type
Patient Focused Reviews
State FYE 2011

Initial Review Date	Nov-09		Dec-09		Feb-10		Mar-10		May-10		Jun-10		Aug-10		Total	
Evaluation Date	Aug-10		Sep-10		Nov-10		Dec-10		Feb-11		Mar-11		May-11			
Template Classification	Suggestions	Changes	Suggestions	Changes	Suggestions	Changes	Suggestions	Changes	Suggestions	Changes	Suggestions	Changes	Suggestions	Changes	Total Suggestions	Total Changes
Drug-Disease Interaction	0	0	0	0	0	0	0	0	1	0	2	0	1	1	4	1
Drug-Drug Interaction	2	1	0	0	2	0	12	2	13	0	7	1	2	0	38	4
High Cost Drug	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1
Inappropriate Billing	5	1	5	2	0	0	7	1	10	1	0	0	4	1	31	6
Missing Drug Therapy	0	0	0	0	0	0	0	0	0	0	4	0	3	1	7	1
Not Optimal Dosage Form	0	0	0	0	5	0	2	0	1	0	4	1	7	2	19	3
Not Optimal Dose	1	0	3	1	11	1	3	1	6	1	24	1	15	7	63	12
Not Optimal Drug	2	0	4	0	2	0	0	0	5	0	7	1	12	4	32	5
Not Optimal Duration	2	0	3	0	4	0	8	0	7	1	35	3	22	3	81	7
Patient Overuse	2	1	1	0	0	0	0	0	0	0	0	0	6	2	9	3
Patient Underuse	0	0	0	0	0	0	0	0	0	0	0	0	8	3	8	3
Potential Generic Use	0	0	1	0	1	0	0	0	0	0	4	0	6	0	12	0
Therapeutic Alternative	0	0	1	1	0	0	0	0	1	0	0	0	1	1	3	2
Therapeutic Duplication	82	15	105	20	97	11	156	12	131	11	233	15	156	45	961	133
Unnecessary Drug Therapy	0	0	1	0	0	0	0	0	5	1	1	0	11	1	18	2
Total	95	21	125	24	122	12	183	16	181	16	321	22	254	72	1,287	183

Patient Focused Reviews
State FYE 2011

Template Classification	Total Suggestions	Total Changes	% of Total Suggstions	% of Total Changes	% of Suggestions Changed	% Dollars Saved
Drug-Disease Interaction	4	1	0.31%	0.55%	25.00%	0.14%
Drug-Drug Interaction	38	4	2.95%	2.19%	10.53%	0.38%
High Cost Drug	1	1	0.08%	0.55%	100.00%	0.33%
Inappropriate Billing	31	6	2.41%	3.29%	19.35%	0.14%
Missing Drug Therapy	7	1	0.54%	0.55%	14.29%	(1.30%)
Not Optimal Dosage Form	19	3	1.48%	1.64%	15.79%	0.23%
Not Optimal Dose	63	12	4.90%	6.56%	19.05%	1.73%
Not Optimal Drug	32	5	2.49%	2.73%	15.63%	0.27%
Not Optimal Duration	81	7	6.29%	3.84%	8.64%	6.88%
Patient Overuse	9	3	0.70%	1.64%	33.33%	0.17%
Patient Underuse	8	3	0.62%	1.64%	37.50%	(0.31%)
Potential Generic Use	12	0	0.93%	0.00%	0.00%	0.00%
Therapeutic Alternative	3	2	0.23%	1.09%	66.67%	0.77%
Therapeutic Duplication	961	133	74.67%	72.68%	13.84%	90.52%
Unnecessary Drug Therapy	18	2	1.70%	1.09%	11.11%	0.04%
Total	**1,287**	**183**	100.00%	100.00%	**14.22%**	100.00%

Savings By Template Class
State FYE 2011

Initial Review Date Evaluation Dte	Nov-09 Aug-10	Dec-09 Sep-10	Feb-10 Nov-10	Mar-10 Dec-10	May-10 Feb-11	Jun-10 Mar-11	Aug-10 May-11	Total
Template Classification								
Drug-Disease Interaction	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$307.62	$307.62
Drug-Drug Interaction	$448.32	$0.00	$0.00	$170.18	$0.00	$201.03	$48.72	$868.23
High Cost Drug	$0.00	$0.00	$0.00	$0.00	$748.72	$0.00	$0.00	$748.72
Inappropriate Billing	$54.84	$109.68	$0.00	$54.84	$54.84	$0.00	$54.84	$329.04
Missing Drug Therapy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	($2,961.60)	($2,961.60)
Not Optimal Dosage Form	$0.00	$0.00	$0.00	$0.00	$0.00	$86.11	$441.51	$527.62
Not Optimal Dose	$0.00	$873.96	$805.80	$179.60	$123.71	$1,600.20	$371.86	$3,955.13
Not Optimal Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$107.56	$507.11	$614.67
Not Optimal Duration	$0.00	$0.00	$0.00	$0.00	$75.36	$1,073.52	$14,536.32	$15,685.20
Patient Overuse	$212.49	$0.00	$0.00	$0.00	$0.00	$0.00	$176.61	$389.10
Patient Underuse	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	($701.44)	($701.44)
Potential Generic Use	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Therapeutic Alternative	$0.00	$1,746.51	$0.00	$0.00	$0.00	$0.00	$0.00	$1,746.51
Therapeutic Duplication	$30,957.99	$41,279.37	$35,073.36	$5,915.08	$16,175.37	$1,712.02	$75,273.46	$206,386.65
Unnecessary Drug Therapy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$97.37	$97.37
Total	**$31,673.64**	**$44,009.52**	**$35,879.16**	**$6,319.68**	**$17,178.00**	**$4,780.44**	**$88,152.38**	**$227,992.82**

Intervention Case Summaries
August 2010

The Commission reviewed the profile of a 39 year-old female taking methocarbamol chronically. The Commission asked if the member's condition improved to the point that the medication could be stopped. Upon re-review, methocarbamol was discontinued.
Annualized pre-rebate savings (state and federal) = $192.95

The Commission reviewed the profile of a 52 year-old male taking *Restoril* 7.5mg. The Commission asked if a less expensive therapeutic alternative could be used since there was not an AB-rated generic substitute for this product. Upon re-review, *Restoril* 7.5mg was discontinued and the patient was switched to temazepam 15mg.
Annualized pre-rebate savings (state and federal) = $3,672.69

The Commission reviewed the profile of a 36 year-old female using naproxen and ibuprofen concurrently. The Commission asked if one of the NSAIDs could be discontinued since studies have not shown additional benefit from giving two or more NSAIDs in combination. Upon re-review, naproxen was discontinued.
Annualized pre-rebate savings (state and federal) = $85.93

The Commission reviewed the profile of a 46 year-old female using Proair HFA and *Xopenex* solution concurrently. The Commission asked if the member would be able to use albuterol solution since the member is able to tolerate Proair HFA. Upon re-review, *Xopenex* was discontinued, without the addition of albuterol solution.
Annualized pre-rebate savings (state and federal) = $5,985.34

Intervention Case Summaries
October 2010

The Commission reviewed the profile of a 52 year-old male taking cyclobenzaprine once daily on a chronic basis. The Commission asked if the member's condition improved to the point that the medication could be stopped. Upon re-review, cyclobenzaprine was discontinued.
Annualized pre-rebate savings (state and federal) = $68.92

The Commission reviewed the profile of a 57 year-old male using *Combivent* and *Spiriva* concurrently. Since the co-administration of *Spiriva* with other anticholinergics is not recommended, the Commission asked if one of the inhaled anticholinergics could be discontinued. Upon re-review, *Combivent* was discontinued.
Annualized pre-rebate savings (state and federal) = $1,861.34

The Commission reviewed the profile of a 36 year-old female using apap/codeine and hydrocodone/apap concurrently. The Commission asked if one of the medications could be discontinued since both medications are considered to produce similar therapeutic effects. Upon re-review, hydrocodone/apap was discontinued.
Annualized pre-rebate savings (state and federal) = $199.44

The Commission reviewed the profile of a 41 year-old male taking *Cymbalta* and *Pristiq* concurrently. The Commission asked if one of the medications could be discontinued since both medications are considered to produce similar therapeutic effects and the patient is at increased risk of serotonin syndrome with the combination. Upon re-review, *Cymbalta* was discontinued.
Annualized pre-rebate savings (state and federal) = $3,329.95

Intervention Case Summaries
December 2010

The Commission reviewed the profile of a 61 year-old female taking *Diovan* and *Lotrel* concurrently. The Commission asked if one medication could be discontinued. Upon re-review, *Diovan* was discontinued.
Annualized pre-rebate savings (state and federal) = $987.12

The Commission reviewed the profile of a 45 year-old female using amitriptyline and nortriptyline concurrently. The Commission asked if one of the medications could be discontinued and the dose of the other adjusted if needed. Upon re-review, both amitriptyline and nortriptyline were discontinued.
Annualized pre-rebate savings (state and federal) = $105.60

The Commission reviewed the profile of a 65 year-old female nursing home patient. It was noted that alprazolam was being billed on a frequent basis (5 times per month). The Commission asked if the alprazolam could be dispensed in a larger quantity or if the amounts sent to the facility could be combined into one monthly claim. Upon re-review, alprazolam was being billed once per month.
Annualized pre-rebate savings (state and federal) = $294.60

The Commission reviewed the profile of a 58 year-old female taking aspirin 81mg and 325mg daily. The Commission asked if the patient was supposed to be taking both strengths of aspirin or if one strength should have been discontinued. Upon re-review, both strengths of aspirin were discontinued, with the addition of warfarin.
Annualized pre-rebate savings (state and federal) = $19.56 after adding the cost of warfarin therapy.

Intervention Case Summaries
February 2011

The Commission reviewed the profile of a 64 year-old female using *Spiriva* and *Combivent* concurrently. The Commission asked if one of the inhaled anticholinergics could be discontinued and continue with the one best suited for the patient. Upon re-review, *Spiriva* was discontinued.
Annualized pre-rebate savings (state and federal) = $2,659.75

The Commission reviewed the profile of a 60 year-old male taking lisinopril and *Cozaar* concurrently. The Commission asked if one of the medications could be discontinued. Upon re-review, lisinopril was discontinued.
Annualized pre-rebate savings (state and federal) = $71.00

The Commission reviewed the profile of a 51 year-old male taking baclofen and methocarbamol concurrently. The Commission asked if one of the muscle relaxants could be discontinued and the dose of the other be adjusted if needed. Upon re-review, baclofen was discontinued with no dose adjustment for methocarbamol.
Annualized pre-rebate savings (state and federal) = $109.62

The Commission reviewed the profile of a 58 year-old female taking *Seroquel* and haloperidol concurrently. The Commission asked if there was a significant advantage in the side effect profile of this combination since the patient is still at risk for EPS. Upon re-review, *Seroquel* was discontinued.
Annualized pre-rebate savings (state and federal) = $4,469.76

Study 026/27
Initial – fm10
Re-review – nd 10

Intervention Case Summaries
April 2011

The Commission reviewed the profile of a 58 year-old male using *Spiriva* and *Combivent* concurrently. The Commission asked if one of the inhaled anticholinergics could be discontinued and continue with the one best suited for the patient. Upon re-review, *Combivent* was discontinued.
Annualized pre-rebate savings (state and federal) = $2,075.38

The Commission reviewed the profile of a 63 year-old female taking SMZ-TMP chronically. The Commission asked what the clinical situation was requiring long-term use of the antibiotic. Upon re-review, SMZ-TMP was discontinued.
Annualized pre-rebate savings (state and federal) = $81.06

The Commission reviewed the profile of a 55 year-old female taking furosemide, HCTZ, and spironolactone concurrently. The Commission asked if one or more of the diuretics could be discontinued. Upon re-review, furosemide was discontinued.
Annualized pre-rebate savings (state and federal) = $58.08

The Commission reviewed the profile of a 52 year-old male using *Aerobid-M* and *Pulmicort* concurrently. The Commission asked what the clinical situation was for the combined use of the medications and if one inhaler be discontinued. Upon re-review, *Aerobid-M* was discontinued.
Annualized pre-rebate savings (state and federal) = $3,145.67

Study 33
Initial – May10
Re-review – Feb10

Intervention Case Summaries
June 2011

The Commission reviewed the profile of a 43 year-old female using paroxetine 20mg and 40mg tablets for a total daily dose of 60mg. The Commission asked if the dose could be consolidated to use paroxetine 40mg, one and one-half tablets, to achieve this dose. Upon re-review, the dose was consolidated using one and one-half paroxetine 40mg tablets.
Annualized pre-rebate savings (state and federal) = $70.52

The Commission reviewed the profile of a 57 year-old female taking cyclobenzaprine once daily for more than 3 months. The Commission asked if this patient's condition had improved to the point that the muscle relaxant could be stopped. Upon re-review, cyclobenzaprine was discontinued.
Annualized pre-rebate savings (state and federal) = $65.53

The Commission reviewed the profile of a 26 year-old female taking low doses of cyclobenzaprine and tizanidine concurrently for more than 3 months. The Commission asked if this patient's condition had improved to the point that the muscle relaxants could be stopped or if continued use was required, if one muscle relaxant could be discontinued and the dose of the other optimized. Upon re-review, cyclobenzaprine was discontinued and the dose of tizanidine was not changed.
Annualized pre-rebate savings (state and federal) = $65.53

The Commission reviewed the profile of a 57 year-old male using *Ventolin HFA* and albuterol nebules concurrently. The Commission asked if it would be possible to discontinue one of the albuterol products and continue with the delivery device most suitable for the member. Upon re-review, albuterol nebules were discontinued.
Annualized pre-rebate savings (state and federal) = $430.98

Study 34
Initial – Jun10
Re-review – Apr11

Appendix E
Results Problem-Focused

Problem Focu Studies
SFY 2011

Focus Study	Review Period	Evaluation Period	Patients Reviewed	Total Cost Savings*
Long Term Use of Short Acting Opioids	4/1/2009 - 9/30/2009	2/1/2010 - 7/31/2010	95	$8,074.08
Multiple Oral Anti-diabetic Medications	7/1/2009 - 9/30/2009	7/1/2010 - 9/30/2010	14	$6,873.52
Off Label Utilization of Cholinomimetics	6/1/2009 - 11/30/2009	5/1/2010 - 10/31/2010	83	$17,725.58
Abilify for Depression	3/1/2009 - 8/31/2009	5/1/2010 - 10/31/2010	164	$30,155.64
Cholesterol Lowering Drug Therapy[a]	1/1/2009 - 12/31/2009	7/1/2010 - 12/31/2010	110	($2,749.06)
Duplicate Antihistamines	10/1/2009 - 12/31/2009	11/1/2010 - 1/31/2011	174	$20,263.84
Multiple Concurrent Anticonvulsant Utilization	1/1/2010 - 3/31/2010	1/1/2011 - 3/31/2011	53	$29,319.40
Valproate Use in Women of Childbearing Age	12/1/2009 - 2/28/2010	1/1/2011 - 3/31/2011	350	$281,182.48
CHF Members without Standard Therapy[a]	3/1/2010 - 4/30/2010	3/1/2011 - 4/30/2011	63	($3,462.48)
Clopidogrel Use for Greater Than One Year	2/1/2010 - 4/30/2010	4/1/2011 - 6/30/2011	62	$47,332.72
TOTAL			**1,168**	**$434,715.72**

*Savings reported are pre-rebate, total dollars

[a] Intervention required the addition of medication thus incurring a cost to the program

Problem Focused Studies Impact Rate

Focus Study	Review Period	Evaluation Period	Patients Reviewed	Postive Impact	Impact Rate
Long Term Use of Short Acting Opioids	4/1/2009 - 9/30/2009	2/1/2010 - 7/31/2010	95	48	50.5%
Multiple Oral Anti-diabetic Medications	7/1/2009 - 9/30/2009	7/1/2010 - 9/30/2010	14	2	14.3%
Off Label Utilization of Cholinomimetics	6/1/2009 - 11/30/2009	5/1/2010 - 10/31/2010	83	18	21.7%
Abilify for Depression	3/1/2009 - 8/31/2009	5/1/2010 - 10/31/2010	164	60	36.6%
Cholesterol Lowering Drug Therapy	1/1/2009 - 12/31/2009	7/1/2010 - 12/31/2010	110	7	6.4%
Duplicate Antihistamines	10/1/2009 - 12/31/2009	11/1/2010 - 1/31/2011	174	84	48.3%
Multiple Concurrent Anticonvulsant Utilization	1/1/2010 - 3/31/2010	1/1/2011 - 3/31/2011	53	14	26.4%
Valproate Use in Women of Childbearing Age	12/1/2009 - 2/28/2010	1/1/2011 - 3/31/2011	350	72	20.6%
CHF Members without Standard Therapy	3/1/2010 - 4/30/2010	3/1/2011 - 4/30/2011	63	19	30.2%
Clopidogrel Use for Greater Than One Year	2/1/2010 - 4/30/2010	4/1/2011 - 6/30/2011	62	19	30.6%
TOTAL			1,168	343	29.4%

Appendix F
Descriptions Problem-Focused

IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-reversed Claims
Dates of Service between 4/1/2009 - 9/30/2009

Follow-Up - Long Term use of Short Acting Opioids

Purpose: Follow-up on the 95 unique members identified as using two or more short acting narcotics for 90 days or longer during the time frame 4/1/2009 to 9/30/2009. Letters were sent to providers in December, 2009.

Number of unique members from original study	95		
Number of unique members that changed therapy	48	Of unique members that changed therapy, number of member that switched to long acting narcotic	6
Number of unique members that did not change therapy	47		
Number of members who lost Medicaid eligibility since 10/1/2009	0		

Number of surveys sent to prescribers	219	Number of surveys received from prescribers	163	Percent of surveys from prescribers	74.43%
Number of surveys sent to pharmacies	145	Number of surveys received from pharmacies	129	Percent of surveys from pharmacies	88.97%
Total number of surveys sent	364	Total number of surveys received	292	Percent of surveys received	80.22%

Costs (pre-rebate)	Original Costs (4/1/2009 - 9/30/2009)	Costs After DUR Intervention (2/1/2010 - 7/31/2010)	Additional Drug Costs for added Long Acting Narcotics (2/1/2010 - 7/31/2010)	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	$22,826.49	$17,293.84	3,343.64	$2,905.88	$5,737.44
Total Dollars State	$9,890.96	$6,732.85	1,361.59	$1,131.18	$2,337.45
Total Dollars (State and Federal)	$32,798.17	$24,026.99	$4,645.23	$4,037.04	$8,074.08

*** Annualized Cost Savings is based on the reported interval.

Medicaid Enterprise

IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-reversed Claims
Dates of Service between 7/1/09 - 9/30/09

Follow-Up - Multiple Oral Anti-diabetic Medications

Purpose: Follow-up on the 14 unique members identified as using four or more oral anti-diabetic medications concurrently for the time frame 7/1/09 to 9/30/09. Letters were sent to providers in December, 2009.

Number of unique members from original study	14
Number of unique members that changed therapy	2
Number of unique members that did not change therapy	10
Number of members who lost Medicaid eligibility since 10/1/2009	2

Number of surveys sent to prescribers	30	Number of surveys received from prescribers	28	Percent of surveys from prescribers	93.33%
Number of surveys sent to pharmacies	15	Number of surveys received from pharmacies	6	Percent of surveys from pharmacies	40.00%
Total number of surveys sent	45	Total number of surveys received	34	Percent of surveys received	75.56%

Costs (pre-rebate)	Original Costs (7/1/09 - 9/30/09)	Costs After DUR Intervention (7/1/10 - 9/30/10)	Additional Drug Costs (7/1/10 - 9/30/10)	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	$8,887.45	$7,583.05	$19.18	$1,323.57	$5,294.29
Total Dollars State	$3,681.42	$3,294.95	$8.33	$394.81	$1,579.23
Total Dollars (State and Federal)	$12,568.87	$10,878.00	$27.51	$1,718.38	$6,873.52

*** Annualized Cost Savings is based on the reported interval.

Medicaid Enterprise

IOWA DUR JS STUDY 029
Based on Iowa Paid Non-Reversed Claims
Dates of Service between 6/1/09 and 11/30/09
Off Label Utilization of Cholinomimetics

Purpose: Follow-up on the 83 unique members identified as using donepezil *(Aricept)* and/or memantine *(Namenda)* off label based on medical claims data.

Number of unique members from original study	83
Number of unique members that changed therapy	18
Number of unique members that did not change therapy	60
Number of members who lost Medicaid eligibility since 12/1/2009	5

Number of surveys sent to prescribers	155	Number of surveys received from prescribers	94	Percent of surveys from prescribers	80.85%
Number of surveys sent to pharmacies	63	Number of surveys received from pharmacies	20	Percent of surveys from pharmacies	31.75%
Total number of surveys sent	218	Total number of surveys received	114	Percent of surveys received	52.29%

Costs (pre-rebate)	Original Costs (6/1/09 - 11/30/09)	Costs After DUR Intervention (5/1/10 - 10/31/10)	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	$63,808.50	$57,898.57	$5,909.93	$11,819.87
Total Dollars State	$26,452.44	$23,499.67	$2,952.77	$5,905.53
Total Dollars (State and Federal)	$90,261.03	$81,398.24	$8,862.79	$17,725.58

*** Annualized Cost Savings is based on the reported interval.

Medicaid Enterprise

IOWA DUR JS STUDY 028
Based on Iowa Paid Non-Reversed Claims
Dates of Service between 3/1/09 - 8/31/09

Use the following purpose: Follow-up on the 164 unique members identified as not meeting any criteria for use of aripiprazole (Abilify) based on medical claims data.

Number of unique members from original study	164		
Number of unique members that changed therapy	60		
Number of unique members that did not change therapy	87	Members that continued therapy but added antidepressant	20
Number of members who lost Medicaid eligibility since 9/1/2009	17		

Number of surveys sent to prescribers	300	Number of surveys received from prescribers	230	Percent of surveys from prescribers	76.67%
Number of surveys sent to pharmacies	181	Number of surveys received from pharmacies	99	Percent of surveys from pharmacies	54.70%
Total number of surveys sent	481	Total number of surveys received	329	Percent of surveys received	68.40%

Costs (pre-rebate)	Original Costs (3/1/09 - 8/31/09)	Costs After DUR Intervention (5/1/10 - 10/31/10)	Additional Drug Costs (5/1/10 - 10/31/10)	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	$132,174.28	$103,800.76	$20,234.75	$8,138.77	$16,277.55
Total Dollars State	$57,282.15	$42,130.29	$8,212.81	$6,939.05	$13,878.09
Total Dollars (State and Federal)	$189,456.43	$145,931.05	$28,447.56	$15,077.82	$30,155.64

*** Annualized Cost Savings is based on the reported interval.

Medicaid Enterprise

IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-reversed Claims
Dates of Service between 1/1/09 - 12/31/09

Follow-Up - Cholesterol Lowering Drug Therapy

Purpose: Follow-up on the 110 unique members identified as having a new diagnosis of myocardial infarction, unstable angina, and/or acute coronary syndrome that were not found to be on a cholesterol lowering agent following this diagnosis.

Number of unique members from original study	110
Number of unique members that added therapy	7
Number of unique members that did not add therapy	103
Number of members who lost Medicaid eligibility since 1/1/2010	0

Number of surveys sent to prescribers	381	Number of surveys received from prescribers	223	Percent of surveys from prescribers	58.53%
Number of surveys sent to pharmacies	148	Number of surveys received from pharmacies	54	Percent of surveys from pharmacies	36.49%
Total number of surveys sent	529	Total number of surveys received	277	Percent of surveys received	52.36%

Costs (pre-rebate)	Total Costs (7/1/10 - 12/31/10)	Annualized Cost***
Total Dollars Federal	$958.18	$1,916.37
Total Dollars State	$416.35	$832.69
Total Dollars (State and Federal)	$1,374.53	$2,749.06

*** Annualized Cost Savings is based on the reported interval.

Medicaid Enterprise

IOWA DUR CUS STUDY
Based on Iowa Paid Non-Reversed Claims
Dates of Service between 10/01/2009 and 12/31/2009
Members Combining Oral Antihistamines

Purpose: Follow-up on the 174 unique members identified as combining oral antihistamines for greater than or equal to 30 cumulative days.

Number of unique members from original study	174
Number of unique members that changed therapy	84
Number of unique members that did not change therapy	56
Number of members who lost Medicaid eligibility since 1/1/2010	34

Number of surveys sent to prescribers	215	Number of surveys received from prescribers	128	Percent of surveys from prescribers	59.53%
Number of surveys sent to pharmacies	167	Number of surveys received from pharmacies	81	Percent of surveys from pharmacies	48.50%
Total number of surveys sent	382	Total number of surveys received	209	Percent of surveys received	54.71%

Costs (pre-rebate)	Original Costs (10/01/2009-12/31/2009)	Costs After DUR Intervention (11/01/2010 -01/31/2011)	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	$8,044.82	$3,985.22	$4,059.60	$16,238.41
Total Dollars State	$3,043.84	$2,037.48	$1,006.36	$4,025.43
Total Dollars (State and Federal)	$11,088.66	$6,022.70	$5,065.96	$20,263.84

*** Annualized Cost Savings is based on the reported interval.

Medicaid Enterprise

IOWA DUR FOC STUDY
Based on Iowa Paid Non-Reversed Claims
Dates of Service between 01/01/2010 and 03/31/2010
Multiple Concurrent Anticonvulsant Utilization
Studies 039,040,041,042

Purpose: Follow-up on the 63 unique members identified as using three or more anticonvulsants for any diagnosis concurrently.

Number of unique members from original study	63
Number of unique members that changed therapy	14
Number of unique members that did not change therapy	39
Number of members who lost Medicaid eligibility since 4/1/2010	0

Number of surveys sent to prescribers	61	Number of surveys received from prescribers	35	Percent of surveys from prescribers	57.38%
Number of surveys sent to pharmacies	59	Number of surveys received from pharmacies	16	Percent of surveys from pharmacies	27.12%
Total number of surveys sent	120	Total number of surveys received	51	Percent of surveys received	42.50%

Costs (pre-rebate)	Original Costs (01/01/2010-03/31/2010)	Costs After DUR Intervention (01/01/2011 -03/31/2011)	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	$30,254.38	$23,950.11	$6,304.27	$25,217.08
Total Dollars State	$11,447.04	$10,421.46	$1,025.58	$4,102.32
Total Dollars (State and Federal)	$41,701.42	$34,371.57	$7,329.85	$29,319.40

*** Annualized Cost Savings is based on the reported interval.

Medicaid Enterprise

IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-reversed Claims
Dates of Service between 12/1/09 - 2/28/10
Follow-Up - Valproate use in Women of Childbearing Age
Studies 036 and 037

Follow-up on the 224 unique female members of childbearing age (16 to 45 years of age) with a seizure diagnosis identified as using valproate without any form of contraception.

STUDY 036

Number of unique members from original study	224
Number of unique members that changed therapy	31
Number of unique members that did not change therapy	167
Number of members who lost Medicaid eligibility since 3/1/2010	26

Number of surveys sent to prescribers	182	Number of surveys received from prescribers	104	Percent of surveys from prescribers	57.14%
Number of surveys sent to pharmacies	165	Number of surveys received from pharmacies	96	Percent of surveys from pharmacies	58.18%
Total number of surveys sent	347	Total number of surveys received	200	Percent of surveys received	57.64%

Medicaid Enterprise

IOWA DUR FOCUS STUDY

Based on Iowa Paid Non-reversed Claims
Dates of Service between 12/1/09 - 2/28/10
Follow-Up - Valproate use in Women of Childbearing Age
Studies 036 and 037

Follow-up on the 126 unique female members of childbearing age (16 to 45 years of age) without a seizure diagnosis identified as using valproate without any form of contraception.

STUDY 037

Number of unique members from original study	126
Number of unique members that changed therapy	41
Number of unique members that did not change therapy	52
Number of members who lost Medicaid eligibility since 3/1/2010	33

Number of surveys sent to prescribers	106	Number of surveys received from prescribers	49	Percent of surveys from prescribers	46.23%
Number of surveys sent to pharmacies	107	Number of surveys received from pharmacies	40	Percent of surveys from pharmacies	37.38%
Total number of surveys sent	213	Total number of surveys received	89	Percent of surveys received	41.78%

Study 036 and 037 Combined Savings

Costs (pre-rebate)	Original Costs (12/1/09 - 2/28/10)	Costs After DUR Intervention (1/1/11 - 3/31/11)	Additional Drug Costs (1/1/11 - 3/31/11)	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	$97,947.12	$43,028.43	$2,500.08	$57,418.78	$229,675.11
Total Dollars State	$37,059.25	$25,674.15	$1,491.75	$12,876.84	$51,507.37
Total Dollars (State and Federal)	$135,006.37	$68,702.58	$3,991.83	$70,295.62	$281,182.48

*** Annualized Cost Savings is based on the reported interval.

Medicaid Enterprise

IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Dates of Service Between 03/01/2010 and 04/30/2010
Members with CHF

Purpose: Follow-up on the 63 unique members with a diagnosis of CHF identified as not using an ACE inhibitor, a beta-blocker, and/or an angiotensin II receptor blocker who had an ER visit and/or a hospital admission due to a CHF-related problem in March or April 2010.

Number of unique members from original study	63
Number of unique members that changed therapy	19
Number of unique members that did not change therapy	42
Number of members who lost Medicaid eligibility since 5/1/2010	2

Number of surveys sent to prescribers	77	Number of surveys received from prescribers	29	Percent of surveys from prescribers	37.66%
Number of surveys sent to pharmacies	66	Number of surveys received from pharmacies	30	Percent of surveys from pharmacies	45.45%
Total number of surveys sent	143	Total number of surveys received	59	Percent of surveys received	41.26%

Costs (pre-rebate)	Costs After DUR Intervention 03/01/2011 - 04/30/2011	Annualized Costs After DUR Intervention 03/01/2011 - 04/30/2011 ***
Total Dollars Federal	$396.57	$2,379.42
Total Dollars State	$180.51	$1,083.06
Total Dollars (State and Federal)	$577.08	$3,462.48

*** Annualized Cost Savings is based on the reported interval.

Medicaid Enterprise

IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Dates of Service Between 02/01/2010 and 04/30/2010
Members Using Clopidogrel

Purpose: Follow-up on the 62 unique members identified as using clopidogrel (Plavix) for more than one year that had a diagnosis of acute coronary syndrome (excluding those that had undergone percutaneous coronary intervention) or cerebrovascular disease.

Number of unique members from original study	62
Number of unique members that changed therapy	19
Number of unique members that did not change therapy	36
Number of members who lost Medicaid eligibility since 5/1/2010	7

Number of surveys sent to prescribers	76	Number of surveys received from prescribers	25	Percent of surveys from prescribers	32.89%
Number of surveys sent to pharmacies	81	Number of surveys received from pharmacies	17	Percent of surveys from pharmacies	20.99%
Total number of surveys sent	157	Total number of surveys received	42	Percent of surveys received	26.75%

Costs (pre-rebate)	Original Costs (02/01/2010 - 04/30/2010)	Costs After DUR Intervention 04/01/2011 - 06/30/2011	Cost Savings	Annualized Cost Savings ***
Total Dollars Federal	$22,867.80	$13,339.83	$9,527.97	$38,111.89
Total Dollars State	$8,652.26	$6,347.05	$2,305.21	$9,220.83
Total Dollars (State and Federal)	$31,520.06	$19,686.88	$11,833.18	$47,332.72

*** Annualized Cost Savings is based on the reported interval.

Appendix G
Prior Auth Recommendations

2010-2011 Therapeutic Prior Authorization Criteria Review

During the fiscal year ending 2011, the Commission reviewed the following categories of medications covered under the prior authorization program.

The following criteria were reviewed with recommended changes:

- Biologicals for Ankylosing Spondylitis – Modifications were made list sulfasalazine and methotrexate as the preferred DMARD trial and require trial and therapy failure with two preferred biological agents
- Biologicals for Inflammatory Bowel Disease – Modifications were made to require previous trials and therapy failures with two preferred biological agents.
- Biologicals for Plaque Psoriasis – Modifications were made to require previous trials and therapy failures with two preferred biological agents
- Extended Release Formulations – Modifications were made require a partial response with a documented intolerance to the immediate release product of the same chemical entity and a previous trial and therapy failure at a therapeutic dose with a preferred drug of a different chemical entity indicated to treat the submitted diagnosis.
- Lidocaine Patch – Modifications were made to require a trial and therapy failure at a therapeutic dose with two preferred drugs, and added carbamazepine and valproic acid to list of preferred trials.
- Lipase Inhibitor Drugs – Modifications were made to remove hyperlipidemia as a covered diagnosis of use.
- Biologicals for Arthritis – Modifications were made requiring two preferred DMARDs in combination, one of which must include methotrexate plus another oral DMARD.
- Modified Formulations – Modifications were made require a previous trial and therapy failure with the preferred parent drug of the same chemical entity at a therapeutic dose that resulted in a partial response with a documented intolerance and previous trial and therapy failure at a therapeutic dose with a preferred drug of a different chemical entity indicated to treat the submitted diagnosis.
- NSAIDs – Modifications were made as follows: 1) Non-preferred NSAID- trials and therapy failure with three preferred NSAIDs ; 2) Non-preferred COX-2 - trials and therapy failures with three preferred NSAIDs, two of which must be a preferred COX-2 preferentially selective NSAID; 3) Non-preferred topical NSAID - trials and therapy failures with three preferred NSAIDs, two must be with preferred COX-2 preferentially selective NSAIDs and oral drug of the same chemical entity; 4) Non-preferred extended release NSAID – trials and therapy failures with three preferred NSAIDs, one of which must the preferred immediate release NSAID of the same chemical entity that resulted in a partial response with a documented intolerance.
- PPIs – Modifications were made to require documentation of a therapeutic trial and therapy failure with concomitant use of once daily PPI dosing and a bedtime dose of a histamine H2-receptor antagonist for dosing exceeding one unit per day.
- Selected Brand Name Drugs – Modifications were made to require trials and therapy failures with two different generic manufacturers of the same chemical

entity and documentation of the failure must include the specific adverse reaction as defined by the FDA (Section B of the MedWatch form).

- Vitamins, Minerals and Multiple Vitamins – Modifications were made to allow for payment of prescribed multi-vitamins with or without iron or vitamin D supplements for patient under 12 months of age.

The following are new classes for which clinical prior authorization criteria were developed and recommended:

- Buprenorphine (*Butrans*) – Prior authorization criteria was developed and accepted to require 1) previous trials and therapy failures at a therapeutic dose with long acting morphine sulfate product and methadone. The preferred trials must allow for adequate dose titration and show use of a short acting narcotic for breakthrough pain and 2) a trial and therapy failure with fentanyl patch at maximum tolerated dose.
- Dalfampridine (*Ampyra*) – Prior authorization criteria was developed and accepted to require a diagnosis of a gait disorder associated with MS and baseline Timed 25-foot Walk (T25FW) assessment. Twelve weeks of therapy will be approved with additional authorizations considered at 6 months intervals after assessing the benefit to the patient as measured by a 20% improvement in the T25FW from baseline.
- Extended-Release Alpha$_2$ Agonists – Prior authorization criteria was developed and accepted to require 1) a diagnosis of ADHD and patient is between 6 and 17 years of age; and 2) Previous trial with the preferred immediate release product of the same chemical entity at a therapeutic dose that resulted in a partial response with a documented intolerance; and 3) Previous trial and therapy failure at a therapeutic dose with one preferred amphetamine and one preferred non-amphetamine stimulant; and 4) Previous trial and therapy failure at a therapeutic dose with atomoxetine (*Strattera*) .
- Sodium Oxybate (*Xyrem*) – Prior authorization criteria was developed and accepted for patients 16 years of age or older for 1) A diagnosis of cataplexy associated with narcolepsy verified by a recent sleep study and previous trial and therapy failure with a TCA (clomipramine, imipramine, or protriptyline); and 2) a diagnosis of excessive daytime sleepiness associated with narcolepsy verified by a recent sleep study and previous trials and therapy failures at a therapeutic dose with a preferred amphetamine and non-amphetamine stimulant.
- Immunomodulators - Topical – Prior authorization criteria was developed and accepted to require an adequate trial and therapy failure with two preferred topical corticosteroids. Strength is limited by age and quantities are limited to one tube per 90 days.

The following criteria were recommended to be removed:

- Alpha-Blockers, Urospecific

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October 7, 2010

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
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Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, October 6, 2010. At this meeting, the DUR Commission members re-elected Mark Graber, M.D. and Laurie Pestel, Pharm.D. as Chair and Vice Chair of the DUR Commission, respectively.

The Commission also reviewed clinical prior authorization criteria for Extended Release Formulations, Biologicals for Ankylosing Spondylitis, Biologicals for Inflammatory Bowel Disease, Biologicals for Plaque Psoriasis, and Lidocaine Patch. The following recommendations have been made by the DUR Commission:

Since no comments were received from medical associations or the Iowa Pharmacy Association in response to a June 28th letter that was sent to them detailing the proposed Extended Release Formulations, Biologicals for Ankylosing Spondylitis, Biologicals for Plaque Psoriasis, Lidocaine Patch criteria, and reviewed the comment received regarding the Biologicals for Inflammatory Bowel Disease criteria, the DUR Commission recommends the following criterion be considered for implementation:

Extended Release Formulations

Changes are italicized:
Payment for a non-preferred extended release formulation will be considered when the following criteria are met:

1. Previous trial with the preferred immediate release product at a therapeutic dose *that resulted in a partial response with a documented intolerance to the preferred immediate release product of the same chemical entity and a*
2. *Previous trial and therapy failure at a therapeutic dose with a preferred drug of a different chemical entity indicated to treat the submitted diagnosis.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Biologicals for Ankylosing Spondylitis

Changes are italicized:
Prior authorization is required for biologicals used for ankylosing spondylitis. Payment will be considered following inadequate responses to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at maximum therapeutic doses, unless there are documented adverse responses or contraindications to NSAID use. These trials should be at least three months in duration. Patients with symptoms of peripheral arthritis must also have failed a 30-day treatment trial with at least one conventional disease modifying antirheumatic drug (DMARD), unless there is a documented adverse response or contraindication to DMARD use. DMARDs include sulfasalazine *and* methotrexate.

Payment for non-preferred biologicals for ankylosing spondylitis will be considered only for cases in which there is documentation of previous trials and therapy failures with *two* preferred *biological* agents.

Biologicals for Inflammatory Bowel Disease

Changes are italicized:
Prior authorization is required for biologicals used for inflammatory bowel disease. *The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

- Crohn's Disease – Payment will be considered following an inadequate response to *two* preferred conventional therapies *including* aminosalicylates (mesalamine, sulfasalazine), azathioprine/6-mercaptopurine, and/or methotrexate. Payment for non-preferred biologicals will be considered only for cases in which there is documentation of previous trials and therapy failures with *two* preferred *biological* agents.

- Ulcerative colitis (moderate to severe) – Payment will be considered following an inadequate response to *two* preferred conventional therapies *including* aminosalicylates, and azathioprine/6-mercaptopurine.

Biologicals for Plaque Psoriasis

Changes are italicized:
Prior authorization is required for biologicals used for plaque psoriasis. Payment will be considered following an inadequate response to phototherapy, systemic retinoids (oral isotretinoin), methotrexate, or cyclosporine. Payment for non-preferred biologicals for plaque psoriasis will be considered only for cases in which there is documentation of previous trials and therapy failures with *two* preferred *biological* agents.

Lidocaine Patch

Changes are italicized:
Prior authorization is required for topical lidocaine patches (Lidoderm®). Payment will be considered for a diagnosis of pain associated with post-herpetic neuralgia following a previous treatment failure with a preferred agent at therapeutic dose from *two* of the following: tricyclic

antidepressant, opioid, gabapentin, *carbamazepine*, or *valproic acid*. A maximum of 30 patches may be dispensed with the initial prescription to determine efficacy.

The Commission also voted in favor of increasing the refill tolerance for non-controlled medications from 75% to 85% while keeping the refill tolerance for controlled substances, tramadol, and carisoprodol at the current refill tolerance of 85%.

The Commission reviewed the current prior authorization criteria for palivizumab (Synagis) and did not recommend changes to the current criteria, specifically in regards to the 2009 *Redbook* guidelines that recommended a maximum of three doses or dosing only until the infant reaches 90 days of age for those born from 30 weeks, 0 days' gestation through 34 weeks, 6 days' gestation who qualify for prophylaxis. The Commission's recommendation is to wait until data are available from the states that did adopt the 2009 *Redbook* guidelines to determine if there was an increased incidence of hospitalizations for those patients that received up to a maximum of 3 doses of palivizumab before changing the current prior authorization criteria.

The Commission conducted their annual review of prior authorization criteria and identified several categories for review. Prior authorization criteria for Alpha-Blockers, Urospecific; Anti-Acne; Antiemetic-5HT3 Receptor Agonists/Substance P Neurokinin Agents; Selected Brand Name Drugs; and Vitamins, Minerals and Multiple Vitamins will be brought to future DUR meetings for further discussion.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for clinical prior authorization criteria for Extended Release Formulations, Biologicals for Ankylosing Spondylitis, Biologicals for Inflammatory Bowel Disease, Biologicals for Plaque Psoriasis, Lidocaine Patch, and the recommendation to increase the refill tolerance for non-controlled medications to 85%.

Sincerely,

Pamela Smith R.Ph.

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Jason Kessler, M.D., IME
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December 2, 2010

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, December 1, 2010. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for dalfampridine (*Ampyra*™), sodium oxybate (*Xyrem*®), Biologicals for Arthritis, Modified Formulations, NSAIDs, buprenorphine (*BuTrans*™), and the removal of the clinical prior authorization criteria for the Alpha-Blockers, Urospecific category. The following recommendations have been made by the DUR Commission:

Since no comments were received from medical associations or the Iowa Pharmacy Association in response to an October 11th letter that was sent to them detailing the proposed dalfampridine (*Ampyra*™), sodium oxybate (*Xyrem*®), Modified Formulations, and buprenorphine (*BuTrans*™) criteria, and after reviewing the comments received regarding the Biologicals for Arthritis and NSAIDs criteria, the DUR Commission recommends the following criterion be considered for implementation:

Dalfampridine (*Ampyra*™)

Newly Proposed PA Criteria:
Prior authorization is required for dalfampridine (Ampyra™). Payment will be considered under the following conditions:

1. For patients that have a gait disorder associated with MS.
2. Initial authorizations will be approved for 12 weeks with a baseline Timed 25-foot Walk (T25FW) assessment.
3. Additional prior authorizations will be considered at 6 month intervals after assessing the benefit to the patient as measured by a 20% improvement in T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained.

Prior authorizations will not be considered for patients with a seizure diagnosis or in patients with moderate or severe renal impairment.

Sodium Oxybate (*Xyrem*®)

Newly Proposed PA Criteria:
Prior authorization is required for sodium oxybate (Xyrem®). Payment will be considered for patients 16 years of age or older under the following conditions:

1. A diagnosis of cataplexy associated with narcolepsy verified by a recent sleep study (including a PSG, MSLT, and ESS) and previous trial and therapy failure at a therapeutic dose with one of the following tricyclic antidepressants: clomipramine, imipramine, or protriptyline.
2. A diagnosis of excessive daytime sleepiness associated with narcolepsy verified by a recent sleep study (including a PSG, MSLT, and ESS) and previous trials and therapy failures at a therapeutic dose with a preferred amphetamine and non-amphetamine stimulant.
3. Requests for patients with a prior history of substance abuse, concurrent use with a sedative hypnotic, or a semialdehyde dehydrogenase deficiency will not be considered.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Biologicals for Arthritis

Changes are italicized:
Prior authorization is required for biologicals used for arthritis. Payment will be considered following an inadequate response to *two* preferred disease modifying antirheumatic drugs *(DMARD) used in combination, including methotrexate plus another preferred oral DMARD* (hydroxycholoroquine, sulfasalazine, leflunomide, or minocycline). *The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated. The second DMARD trial may be overridden if there is evidence of severe disease documented by radiographic erosions.*

Payment for non-preferred biologicals for arthritis will be considered only for cases in which there is documentation of previous trials and therapy failures with *two* preferred *biological* agents.

Modified Formulations

Changes are italicized:
Payment for **a non-preferred isomer, prodrug, or metabolite** will be considered when the following criteria are met:

1. Previous trial with *a preferred* parent drug of the same chemical entity *at a therapeutic dose that resulted in a partial response with a documented intolerance and a*
2. *Previous trial and therapy failure at a therapeutic dose with a preferred drug o f a different chemical entity indicated to treat the submitted diagnosis if available.*

The required trials may be overridden when documented evidence is provided that the use of these preferred agent(s) would be medically contraindicated.

Payment for **a non-preferred alternative delivery system** will only be considered for cases in which *the use of an alternative delivery system is medically necessary and there is a previous trial and therapy failure with a preferred alternative delivery system if available.*

NSAIDs

Changes are italicized:
Prior authorization is required for all non-preferred nonsteroidal anti-inflammatory drugs and COX-2 inhibitors. Prior authorization is not required for preferred nonsteroidal anti-inflammatory drugs *or COX-2 inhibitors*.

1. Requests for a non-preferred nonsteroidal anti-inflammatory drug must document previous trials and therapy failures with *three* preferred nonsteroidal anti-inflammatory drugs.
2. Requests for a non-preferred COX-2 inhibitor must document previous trials and therapy failures with *three* preferred *nonsteroidal anti-inflammatory drugs, two of which must be a preferred* COX-2 preferentially selective nonsteroidal anti-inflammatory drug.
3. *Requests for a non-preferred topical nonsteroidal anti-inflammatory drug must document previous trials and therapy failures with three preferred nonsteroidal anti-inflammatory drugs. The trials must include two preferred COX-2 preferentially selective nonsteroidal anti-inflammatory drugs and the oral drug of the same chemical entity. In addition, the use of a topical delivery system must be deemed medically necessary.*
4. *Requests for a non-preferred extended release nonsteroidal anti-inflammatory drug must document previous trials and therapy failures with three preferred nonsteroidal anti-inflammatory drugs, one of which must be the preferred immediate release nonsteroidal anti-inflammatory drug at a therapeutic dose that resulted in a partial response with a documented intolerance to the preferred immediate release product of the same chemical entity.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Buprenorphine (*BuTrans*™) Transdermal System

Newly Proposed PA Criteria:
Prior authorization is required for BuTrans™. Payment will be considered when the following criteria are met:

1. Previous trials and therapy failures at a therapeutic dose with a preferred long acting morphine sulfate product and methadone. The preferred trials must allow for adequate dose titration and show use of a short acting narcotic for breakthrough pain.
2. A trial and therapy failure with fentanyl patch at maximum tolerated dose.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

The DUR Commission also voted in favor of removing the clinical prior authorization criteria for the Alpha-Blockers, Urospecific category, due to tamulosin becoming preferred on the PDL due to favorable pricing.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for clinical prior authorization criteria for dalfampridine (*Ampyra*™), sodium oxybate (*Xyrem*®), Biologicals for Arthritis, Modified Formulations, NSAIDs, buprenorphine (*BuTrans*™), and the removal of the clinical prior authorization criteria for the Alpha-Blockers, Urospecific category.

Sincerely,

Pamela Smith R.Ph.

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Jason Kessler, M.D., IME
Sandy Pranger, R.Ph., IME
Erin Halverson, R.Ph., IME

IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION
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February 4, 2011

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, February 2, 2011. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Extended-Release Alpha$_2$ Agonists, quantity limits for Proton Pump Inhibitors, and placing a ProDUR edit on promethazine-containing products for children under 2 years of age and on promethazine plus codeine cough syrups for children under 6 years of age. The following recommendation has been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical associations and the Iowa Pharmacy Association in response to a June 28, 2010 letter that was sent to them detailing the proposed Extended-Release Alpha$_2$ Agonists criteria. In addition, the DUR Commission referred the proposed language to the Mental Health Advisory Group (MHAG). The MHAG met on December 10, 2010 and had no objections to the proposed criteria. The DUR Commission recommends the following criteria be considered for implementation:

Extended-Release Alpha$_2$ Agonists

Newly Proposed PA Criteria:
Prior authorization is required for extended-release alpha$_2$ agonists. Payment will be considered for patients when the following is met:
1) The patient has a diagnosis of ADHD and is between 6 and 17 years of age; and
2) Previous trial with the preferred immediate release product of the same chemical entity at a therapeutic dose that resulted in a partial response with a documented intolerance; and
3) Previous trial and therapy failure at a therapeutic dose with one preferred amphetamine and one preferred non-amphetamine stimulant; and
4) Previous trial and therapy failure at a therapeutic dose with atomoxetine (Strattera®).
The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

The DUR Commission reviewed information on utilization of promethazine-containing products in children. In 2005, the FDA added a black box warning to promethazine-containing products warning that these agents were contraindicated for use in children less than 2 years of age. Last year, the FDA went on to release a more specific statement advising prescribers against the use of promethazine with codeine cough syrups in children less than 6 years of age. After reviewing utilization data, the DUR Commission recommended placing a ProDUR edit on promethazine-containing products for children under 2 years of age and on promethazine plus codeine cough syrups for children under 6 years of age.

In addition, while discussing changes to the Proton Pump Inhibitor (PPI) prior authorization criteria, the DUR Commission reviewed the current quantity limits for the PPIs and felt it would be appropriate to decrease the quantity limit to one unit per day for omperazole 40mg, Prevacid 30mg, and Protonix 40mg.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Extended-Release Alpha$_2$ Agonists and placing a ProDUR edit on promethazine-containing products for children under 2 years of age and on promethazine plus codeine cough syrups for children under 6 years of age.

Sincerely,

Pamela Smith R.Ph.

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Sandy Pranger, R.Ph., IME
Erin Halverson, R.Ph., IME

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Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

April 7, 2011

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, April 6, 2011. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Topical Immunomodulators, Proton Pump Inhibitors, Selected Brand Name Drugs, Vitamins, Minerals and Multiple Vitamins and the medical necessity of tesamorelin (Egrifta™). The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical associations in response to a February 7, 2011 letter that was sent to them detailing the proposed Topical Immunomodulators, Proton Pump Inhibitors, Selected Brand Name Drugs, Vitamins, Minerals and Multiple Vitamins criteria. The DUR Commission recommends the following criteria be considered for implementation:

Topical Immunomodulators

Newly Proposed PA Criteria:
Prior authorization is required for topical immunomodulators. Payment for pimecrolimus (Elidel®) or tacrolimus (Protopic®) 0.03% will be considered for non-immunocompromised patients two years of age and older and tacrolimus (Protopic®) 0.1% for members 16 years of age and older when there is an adequate trial and therapy failure with two preferred topical corticosteroids. If criteria for coverage are met, requests will be approved for one tube per 90 days to ensure appropriate short-term and intermittent utilization of the medication. Quantities will be limited to 30 grams for use on the face, neck, and groin, and 60 grams or 100 grams for all other areas. The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Proton Pump Inhibitors

Changes are italicized:
Prior authorization is not required for the preferred proton pump inhibitors (PPI) for a cumulative 60-days of therapy per 12-month period. Prior authorization will be required for all non-preferred proton pump inhibitors as indicated on the Iowa Medicaid Preferred Drug List beginning the first day of therapy. Payment for a non-preferred proton pump inhibitor will be authorized only for cases in which there is documentation of previous trials and therapy failures with three preferred products. Prior authorization is required for any PPI usage longer than 60 days or more frequently than one 60-day course per 12-month period. The 12-month period is patient specific and begins 12 months before the requested date of prior authorization. Payment for usage beyond these limits will be authorized for cases in which there is a diagnosis of:

1. Specific Hypersecretory conditions (Zollinger-Ellison syndrome, systemic mastocytosis, multiple endocrine adenomas).
2. Barrett's esophagus.
3. Erosive esophagitis
4. Symptomatic gastroesophageal reflux after documentation of previous trials and therapy failure with at least one histamine H2-receptor antagonist at full therapeutic doses. Requests for PPIs exceeding one unit per day will be considered *after documentation of a therapeutic trial and therapy failure with concomitant use of once daily PPI dosing and a bed time dose of a histamine H2-receptor antagonist. Upon failure of the combination therapy, subsequent* requests for PPIs exceeding one unit per day will be considered on a short term basis (up to 3 months). After the three month period, a retrial of the recommended once daily dosing will be required. A trial of the recommended once daily dosing will be required on an annual basis for those patients continuing to need doses beyond one unit per day.
5. Recurrent peptic ulcer disease after documentation of previous trials and therapy failure with at least one histamine H2-receptor antagonist at full therapeutic doses and with documentation of either failure of Helicobacter pylori treatment or a negative Helicobacter pylori test result.

Selected Brand-Name Drugs

Changes are italicized:
Prior authorization is required for selected brand-name drugs, as determined by the Department, for which there is available an "A" rated bioequivalent generic product as determined by the Federal Food and Drug Administration, unless the brand drug has been designated by the Department as preferred (payable) under the Iowa Medicaid Preferred Drug List (PDL). For prior authorization to be considered, the prescriber must submit a completed Selected Brand Name PA form *with:*

1. *Documentation of trials and therapy failures with two different generic manufacturers of the same chemical entity. If an allergy to an inactive component is suspected, the second trial must be with a generic product that does not contain the allergen, if available.*
2. *Documentation of the failure must include the specific adverse reaction as defined by the FDA (See Section B of the MedWatch form). Intolerances, such as nausea or vomiting, to the generic drug will not be considered as a basis for approval.*

Trials may be overridden when evidence is provided that use of the generic product would be medically contraindicated.

Vitamins, Minerals and Multiple Vitamins

Changes are italicized:
Payment for vitamins, minerals and multiple vitamins for treatment of specific conditions will be approved when there is a diagnosis of specific vitamin or mineral deficiency disease or for patients under 21 years of age if there is a diagnosed disease which inhibits the nutrition absorption process as a secondary effect of the disease. (Prior approval is not required for *prescribed multi-vitamins with or without iron or vitamin D supplements for patients under 12 months of age* or a prescription product primarily classified as a blood modifier, if that product does not contain more than three vitamins/minerals or for products principally marketed as prenatal vitamin-mineral supplements.)

The DUR Commission discussed the medical necessity of tesamorelin (Egrifta™) for the treatment of lipodystrophy in HIV-infected patients. Since the long-term cardiovascular safety and potential long-term cardiovascular benefit of tesamorelin (Egrifta™) has not been studied nor are known, the DUR Commission determined tesamorelin (Egrifta™) is not medically necessary. Should more data become available regarding its long-term safety and long-term benefit, the DUR Commission would then re-review the data and reconsider their decision.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Topical Immunomodulators, Proton Pump Inhibitors, Selected Brand Name Drugs and Vitamins, Minerals and Multiple Vitamins.

Sincerely,

Pamela Smith R.Ph.

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Sandy Pranger, R.Ph., IME
Erin Halverson, R.Ph., IME

Appendix H
Prospective DUR

The following prospective DUR edits were recommended to the Department by the Commission in State FYE 2011.

- Point of Sale age edit on promethazine-containing products for children under 2 years of age.
- Point of Sale age edit on promethazine-plus codeine cough syrups for children under 6 years of age.
- Quantity Limit of 30 capsules per 30 days for all PPIs.
- Point of Sale edit for *Colcrys* allowing 3 tablets per 60 days without PA.

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February 4, 2011

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, February 2, 2011. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Extended-Release Alpha$_2$ Agonists, quantity limits for Proton Pump Inhibitors, and placing a ProDUR edit on promethazine-containing products for children under 2 years of age and on promethazine plus codeine cough syrups for children under 6 years of age. The following recommendation has been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical associations and the Iowa Pharmacy Association in response to a June 28, 2010 letter that was sent to them detailing the proposed Extended-Release Alpha$_2$ Agonists criteria. In addition, the DUR Commission referred the proposed language to the Mental Health Advisory Group (MHAG). The MHAG met on December 10, 2010 and had no objections to the proposed criteria. The DUR Commission recommends the following criteria be considered for implementation:

Extended-Release Alpha$_2$ Agonists

Newly Proposed PA Criteria:
Prior authorization is required for extended-release alpha$_2$ agonists. Payment will be considered for patients when the following is met:
1) The patient has a diagnosis of ADHD and is between 6 and 17 years of age; and
2) Previous trial with the preferred immediate release product of the same chemical entity at a therapeutic dose that resulted in a partial response with a documented intolerance; and
3) Previous trial and therapy failure at a therapeutic dose with one preferred amphetamine and one preferred non-amphetamine stimulant; and
4) Previous trial and therapy failure at a therapeutic dose with atomoxetine (Strattera®).
The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

The DUR Commission reviewed information on utilization of promethazine-containing products in children. In 2005, the FDA added a black box warning to promethazine-containing products warning that these agents were contraindicated for use in children less than 2 years of age. Last year, the FDA went on to release a more specific statement advising prescribers against the use of promethazine with codeine cough syrups in children less than 6 years of age. After reviewing utilization data, the DUR Commission recommended placing a ProDUR edit on promethazine-containing products for children under 2 years of age and on promethazine plus codeine cough syrups for children under 6 years of age.

In addition, while discussing changes to the Proton Pump Inhibitor (PPI) prior authorization criteria, the DUR Commission reviewed the current quantity limits for the PPIs and felt it would be appropriate to decrease the quantity limit to one unit per day for omperazole 40mg, Prevacid 30mg, and Protonix 40mg.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Extended-Release Alpha$_2$ Agonists and placing a ProDUR edit on promethazine-containing products for children under 2 years of age and on promethazine plus codeine cough syrups for children under 6 years of age.

Sincerely,

Pamela Smith R.Ph.

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Sandy Pranger, R.Ph., IME
Erin Halverson, R.Ph., IME

Appendix I
FUL

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: July 9, 2010

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be **added** to the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Additions, Effective August 11, 2010**

Drug Name	Brand Name	State MAC Rate
CIPROFLOXACIN HCL 500 MG TAB	CIPRO	0.35050
CIPROFLOXACIN 600 MG TAB ER	CIPRO XR	7.91442
CIPROFLOXACIN HCL 250 MG TAB	CIPRO	0.26776
CIPROFLOXACIN HCL 750 MG TAB	CIPRO	0.42341
CITALOPRAM 10 MG/5ML SOLN	CELEXA	0.22945
LANSOPRAZOLE DR 15 MG CAPSULE	PREVACID 24HR	2.24818
LOSARTAN-HCTZ 100-25 MG TAB	HYZAAR	2.70109
LOSARTAN-HCTZ 50-12.5 MG TAB	HYZAAR	2.02426
METHLYPHENIDATE 10 MG TAB SA	METADATE ER	0.60840
NALTREXONE 50 MG TAB	REVIA	1.32514
OFLOXACIN 400 MG TAB	FLOXIN	2.98226
RISPERIDONE 1 MG TAB ODT	RISPERDAL M-TAB	3.44618
RISPERIDONE 2 MG TAB ODT	RISPERDAL M-TAB	2.93698
TACROLIMUS 1 MG CAPSULE	PROGRAF	3.72751
TAMSULOSIN HCL 0.4 MG CAP SR 24H	FLOMAX	0.63264

The following table lists State MAC rates to be **decreased** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Decreases, Effective August 11, 2010**

Drug Name	Brand Name	State MAC Rate
AMPHETAMINE SALTS 15 MG TAB	ADDERALL	0.33742
BUPROPION HCL ER 200 MG TAB	WELLBUTRIN SR	0.95005
ETH E/NOR 35/35/35MCG-0.18/.215/.25MG TAB	ORTHO TRI-CYCLEN	0.44284
FEXOFENADINE-PSE ER 60-120 TAB	ALLEGRA-D 12 HR	1.47238
ISOTRETINOIN 20 MG CAP	CLARAVIS	7.41096

This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise. This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.

Decreases cont'd

Drug Name	Brand Name	State MAC Rate
METOPROLOL SUCC ER 100 MG TAB	TOPROL XL	1.29280
MORPHINE SULF 60 MG TAB SA	MS CONTIN	0.57353
MYCOPHENOLATE 500 MG TABLET	CELLCEPT	0.86914
NORETHINDRONE 0.35 MG TAB	ORTHO MICRONOR	0.82331
OMEPRAZOLE 40 MG CAP DR	PRILOSEC	0.38014
OXYCODONE HCL 30 MG TAB	ROXICODONE	0.37392
PAROXETINE HCL 12.5 MG TAB SR 12H	PAXIL CR	2.66316
PAROXETINE HCL 25 MG TAB SR 24H	PAXIL CR	2.80730
RISPERIDONE 4 MG TAB	RISPERDAL	0.41890
SUMATRIPTAN SUCC 100 MG TAB	IMITREX	1.49418
SUMATRIPTAN SUCC 25 MG TAB	IMITREX	1.66722
SUMATRIPTAN SUCC 50 MG TAB	IMITREX	1.61777

The following table lists State MAC rates to be **increased** in the State MAC Program:

Table 3: Iowa Medicaid State MAC Rate **Increases, Effective July 8, 2010**

Drug Name	Brand Name	State MAC Rate
AMOX TR-K CLV 600-42.9 MG/5ML SUSP	AUGMENTIN	0.22980

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on SMAC – State Maximum Allowable Cost Program. Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: June 22, 2010

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be **added** to the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Additions, Effective July 22, 2010**

Drug Name	Brand Name	State MAC Rate
DESMOPRESSIN ACET 0.1 MG TAB	DDAVP	1.23562
DESOXIMETASONE 0.25% OINT	TOPICORT	2.45539
GLYCOPYRROLATE 2 MG TAB	ROBINUL	1.05319
IMIQUIMOD 5% CREAM	ALDARA	25.19711
ISOTRETINOIN 30 MG CAP	CLARAVIS	13.19920
LEVETIRACETAM 250 MG TAB	KEPPRA	0.32140
LOSARTAN POTASSIUM 100 MG TAB	COZAAR	2.50030
LOSARTAN POTASSIUM 25 MG TAB	COZAAR	1.40918
LOSARTAN POTASSIUM 50 MG TAB	COZAAR	1.82778
NIFEDIPINE 10 MG CAP	PROCARDIA	0.80952

The following table lists State MAC rates to be **decreased** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Decreases, Effective July 22, 2010**

Drug Name	Brand Name	State MAC Rate
BENZTROPINE MES 0.5 MG TAB	COGENTIN	0.04716
CLINDAMYCIN 2% VAG CREAM	CLEOCIN	0.87000
HYDROCODONE/APAP 7.5/750 MG TAB	VICODIN-ES	0.04284
MIDODRINE HCL 5 MG TAB	PROAMATINE	0.52459
PERPHENAZINE 4 MG TAB	PERPHENAZINE	0.79990
PREDNISOLONE 6.7 MG/5 ML SOLN	PEDIAPRED	0.04283
VENLAFAXINE HCL 37.5 MG TAB	EFFEXOR	0.42762

This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise. This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.

The following table lists State MAC rates to be **increased** in the State MAC Program:

Table 3: Iowa Medicaid State MAC Rate **Increases, Effective July 6, 2010**

Drug Name	Brand Name	State MAC Rate
AMITRIPTYLINE HCL 25 MG TAB	ELAVIL	0.02381
AMOXICILLIN 250 MG TAB CHEW	AMOXIL	0.19150

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on SMAC – State Maximum Allowable Cost Program. Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: June 18, 2010

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be **removed from** the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Terminations, Effective June 24, 2010**

Drug Name	Brand Name
HALOPERIDOL DECANOATE 100MG/ML VIAL	HALDOL DECANOATE

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on SMAC – State Maximum Allowable Cost Program. Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@msic.com.

This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise. This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: June 10, 2010

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be **increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective June 18, 2010**

Drug Name	Brand Name	State MAC Rate
NEO/POLYMYXIN/HC EAR SOLN	CORTISPORIN	2.16984

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on SMAC – State Maximum Allowable Cost Program. Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise. This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: June 09, 2010

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be **increased in** the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective June 18, 2010**

Drug Name	Brand Name	State MAC Rate
DESIPRAMINE 25 MG TAB	NORPRAMIN	0.79559
NEO/POLYMYXIN/HC EAR SUSP	CORTISPORIN	2.24315

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on SMAC – State Maximum Allowable Cost Program. Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise. This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: June 4, 2010

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be **increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective June 18, 2010**

Drug Name	Brand Name	State MAC Rate
NEOMYC-POLYM-DEXAMETH EYE DROPS	MAXITROL	2.45089

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on SMAC – State Maximum Allowable Cost Program. Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@msic.com.

This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise. This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: July 26, 2010

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be **removed from** the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Terminations, Effective July 30, 2010**

Drug Name	Brand Name
PIROXICAM 20MG CAPS	FELDENE

The following table lists State MAC rates to be **added to** the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Additions, Effective August 25, 2010**

Drug Name	Brand Name	State MAC Rate
CLARITHROMYCIN 125 MG/5 ML SUSP	BIAXIN	0.35916
CLARITHROMYCIN 250 MG/5 ML SUSP	BIAXIN	0.55140
CLARITHROMYCIN ER 500 MG TAB	BIAXIN XL	3.06408
CLARITHROMYCIN 250 MG TAB	BIAXIN	0.45639

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on SMAC – State Maximum Allowable Cost Program. Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise. This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: October 15, 2010

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be **terminated in** the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Terminations, Effective October 21, 2010**

Drug Name	Brand Name
POTASSIUM CL ER 20MEQ	K-DUR
POTASSIUM CL ER 10MEQ	K-DUR
POTASSIUM CL ER 8MEQ	KLOR-CON
SULFACETAMIDE 10% EYE DROPS	BLEPH-10

Future Notification of Revisions to the State MAC Program

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If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@msle.com.

This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise. This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: October 27, 2010

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be **increased in** the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective November 4, 2010**

Drug Name	Brand Name	State MAC Rate
GLYBURIDE 1.25MG TAB	MICRONASE	0.11922
GLYBURIDE 2.5MG TAB	MICRONASE	0.17252
RAMIPRIL 10MG CAP	ALTACE	0.34177
RAMIPRIL 2.5MG CAP	ALTACE	0.30910
RAMIPRIL 5MG CAP	ALTACE	0.33755

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on SMAC – State Maximum Allowable Cost Program. Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise. This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: January 31, 2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be increased in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate Increases, Effective February 10, 2011

Drug Name	Brand Name	State MAC Rate
AMPHETAMINE SALTS 30 MG TAB	ADDERALL	0.40860
CLINDAMYCIN PH 1% GEL	CLEOCIN T	0.59833
NITROFURANTOIN MONOHYD 100 MG CAP	MACROBID	2.56420

Table 2: Iowa Medicaid State MAC Rate Decreases, Effective March 3, 2011

Drug Name	Brand Name	State MAC Rate
ADAPALENE 0.1% GEL	DIFFERIN	3.13422
ANASTROZOLE 1 MG TAB	ARIMIDEX	0.37124
CITALOPRAM HBR 20 MG TAB	CELEXA	0.04915
CITALOPRAM HBR 40 MG TAB	CELEXA	0.05860
DIVALPROEX SODIUM ER 500 MG TAB	DEPAKOTE ER	0.44104
MORPHINE SULF 30 MG TAB SA	MS CONTIN	0.32492
MORPHINE SULF 60 MG TAB SA	MS CONTIN	0.53826
PENICILLIN VK 500 MG TAB	VEETIDS	0.28673
TACROLIMUS 1 MG CAP	PROGRAF	3.30092
TEMAZEPAM 7.5 MG CAP	RESTORIL	5.89711
TOPIRAMATE 15 MG SPRINKLE CAP	TOPAMAX SPRINKLE	0.29750
TOPIRAMATE 25 MG SPRINKLE CAP	TOPAMAX SPRINKLE	0.48330

This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise. This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.

The following table lists State MAC rates to be **added** to the State MAC Program:

Table 3: Iowa Medicaid State MAC Rate **Additions, Effective March 3, 2011**

Drug Name	Brand Name	State MAC Rate
CLOZAPINE 50 MG TABLET		0.98302
ETH ESTRADIOL/DROSPIRENONE 0.03-3MG TAB	YASMIN 28	1.95140
HYDROCODONE-CHLORPHENIRAM SUSP	TUSSIONEX	0.55813
LANSOPRAZOLE ODT 30 MG TABLET	PREVACID	4.27144
OXCARBAZEPINE 300 MG/5 ML ORAL	TRILEPTAL	0.50686
SUMATRIPTAN SUCCINATE 6 MG/0.5ML VIAL	IMITREX	91.02480
ZOLPIDEM TART ER 6.25 MG TAB	AMBIEN CR	5.24173

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on SMAC – State Maximum Allowable Cost Program. Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: January 5, 2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be **removed from** the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Terminations, Effective January 13, 2011**

Drug Name	Brand Name
GENTAMICIN 3MG/ML EYE DROPS	N/A

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on SMAC – State Maximum Allowable Cost Program. Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@msic.com.

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: December 27, 2010

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be **removed from** the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Terminations, Effective December 17, 2010**

Drug Name	Brand Name
GEMFIBROZIL 600 MG TAB	LOPID

The following table lists State MAC rates to be **decreased** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Decreases, Effective January 30, 2011**

Drug Name	Brand Name	State MAC Rate
LOSARTAN POTASSIUM 100 MG TAB	COZAAR	0.38531
LOSARTAN POTASSIUM 25 MG TAB	COZAAR	0.31152
LOSARTAN POTASSIUM 50 MG TAB	COZAAR	0.37806
LOSARTAN-HCTZ 100-25 MG TAB	HYZAAR	0.49369
LOSARTAN-HCTZ 50-12.5 MG TAB	HYZAAR	0.44554
LOSARTAN-HCTZ 100 MG-12.5 MG TAB	HYZAAR	0.39757
PRAMIPEXOLE DI-HCL 0.125 MG TAB	MIRAPEX	0.17627
PRAMIPEXOLE DI-HCL 0.25 MG TAB	MIRAPEX	0.26462
PRAMIPEXOLE DI-HCL 0.5 MG TAB	MIRAPEX	0.19032
PRAMIPEXOLE DI-HCL 1.5 MG TAB	MIRAPEX	0.19396

This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise. This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.

The following table lists State MAC rates to be **added** to the State MAC Program:

Table 3: Iowa Medicaid State MAC Rate **Additions, Effective January 30, 2011**

Drug Name	Brand Name	State MAC Rate
DOXEPIN HCL 10 MG/ML ORAL CONC	N/A	0.06604
PRAMIPEXOLE DI-HCL 0.75 MG TAB	MIRAPEX	0.25174
PRAMIPEXOLE DI-HCL 1 MG TAB	MIRAPEX	0.20416

Future Notification of Revisions to the State MAC Program

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Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: February 13, 2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be **increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective February 9, 2011**

Drug Name	Brand Name	State MAC Rate
SUCRALFATE 1GM TABLET	CARAFATE	0.27001

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on SMAC – State Maximum Allowable Cost Program. Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

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Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: February 7, 2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be **increased in** the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective February 10, 2011**

Drug Name	Brand Name	State MAC Rate
POTASSIUM CITRATE 10 MEQ TABLETS	UROCIT-K SR	0.75900

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on SMAC – State Maximum Allowable Cost Program. Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

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Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: March 25, 2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be **increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective March 15, 2011**

Drug Name	Brand Name	State MAC Rate
TOPIRAMATE 15MG SPRINKLE CAP	TOPAMAX	1.02000
CLARITHROMYCIN 250MG/ML SUSP	BIAXIN	0.75000

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on SMAC – State Maximum Allowable Cost Program. Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

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Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: March 07, 2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be increased in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective March 21, 2011**

Drug Name	Brand Name	State MAC Rate
HYDROCHLOROTHIAZIDE 25 MG TAB	MICROZIDE	0.01690
POTASSIUM CL 10 MEQ CAP SA	MICRO K	0.84583
SULFAMETHOXAZOLE/TMP DS TAB	SEPTRA	0.10692

Table 2: Iowa Medicaid State MAC Rate **Decreases, Effective March 28, 2011**

Drug Name	Brand Name	State MAC Rate
ACETAMINOPHEN/COD 300/30 MG TAB	TYLENOL W/ CODEINE	0.13627
AMOX TR-K CLV 400/57 MG/5 ML SUSP	AUGMENTIN	0.17819
AMOXICILLIN 400 MG/5 ML SUSP	AMOXIL	0.03860
CIPROFLOXACIN HCL 500 MG TAB	CIPRO	0.22360
DIAZEPAM 10 MG TAB	VALIUM	0.02644
DIAZEPAM 5 MG TAB	VALIUM	0.02218
ETH ESTRADIOL/LEVONOR 20MCG/0.1MG	ALESSE	0.65821
FENTANYL 50 MCG/HR PATCH	DURAGESIC	12.51157
FENTANYL 75 MCG/HR PATCH	DURAGESIC	20.88425
FLUTICASONE 50 MCG NASAL SPRAY	FLONASE	1.46714
LEVETIRACETAM 500 MG TAB	KEPPRA	0.25416
LOSARTAN POTASSIUM 100 MG TAB	COZAAR	0.20028
LOSARTAN POTASSIUM 25 MG TAB	COZAAR	0.09410
LOSARTAN POTASSIUM 50 MG TAB	COZAAR	0.09296
LOSARTAN-HCTZ 100-12.5 MG TAB	HYZAAR	0.23330
LOSARTAN-HCTZ 100-25 MG TAB	HYZAAR	0.16542
LOSARTAN-HCTZ 50-12.5 MG TAB	HYZAAR	0.10236
NEO/POLYMYXIN/HC EAR SUSP	CORTISPORIN	1.85580
NYSTATIN 100,000 UNIT/ML SUSP	MYCOSTATIN	0.03851

This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise. This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.

Drug Name	Brand Name	State MAC Rate
OMEPRAZOLE 20 MG CAP	PRILOSEC	0.15701
OMEPRAZOLE 40 MG CAP DR	PRILOSEC	0.33764
PANTOPRAZOLE SOD 20 MG TAB DR	PROTONIX	0.26379
PANTOPRAZOLE SOD 40 MG TAB DR	PROTONIX	0.17540
PRAMIPEXOLE DI-HCL 0.25 MG TAB	MIRAPEX	0.14447
PRAMIPEXOLE DI-HCL 1 MG TAB	MIRAPEX	0.13698
RANITIDINE 150 MG/10 ML SYRP	ZANTAC	0.08141
RISPERIDONE 2MG TAB	RISPERDAL	0.28036
SUMATRIPTAN SUCC 100 MG TAB	IMITREX	1.28172
SUMATRIPTAN SUCC 50 MG TAB	IMITREX	1.34600
TRAZODONE 150 MG TAB	DESYREL	0.12054
VALACYCLOVIR HCL 500 MG TAB	VALTREX	2.85960
ZOLPIDEM TARTRATE 10 MG TAB	AMBIEN	0.03071

The following table lists State MAC rates to be **added** to the State MAC Program:

Table 3: Iowa Medicaid State MAC Rate **Additions, Effective March 28, 2011**

Drug Name	Brand Name	State MAC Rate
CLINDAMYCIN PALMITATE HCL 75 MG	CLEOCIN PALMITATE	0.57262
DONEPEZIL HCL 10 MG TABLET	ARICEPT	5.03047
DONEPEZIL HCL 5 MG TABLET	ARICEPT	5.26712
FLUOROURACIL 5 % SOLN	EFUDEX	9.30360
GIANVI 3 MG-0.02 MG TABLET	YAZ	2.21980
LANSOPRAZOLE ODT 15 MG TABLET	PREVACID	4.05744
POTASSIUM CL 20 MEQ TAB SA	K-DUR	0.42070
ZAFIRLUKAST 10 MG TABLET	ACCOLATE	1.50088
ZAFIRLUKAST 20 MG TABLET	ACCOLATE	1.27927

Table 4: Iowa Medicaid State MAC Rate **Terminations**

Drug Name	Effective Date
BETAMETHASON DP 0.06% OINTMENT	February 17, 2011
METRONIDAZOLE 250 MG TAB	February 26, 2011

Future Notification of Revisions to the State MAC Program

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Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: April 26, 2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rates to be **increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective May 01, 2011**

Drug Name	Brand Name	State MAC Rate
ACETAZOLAMIDE 250 MG TAB	DIAMOX	0.48468
AMPHETAMINE SALTS 20 MG TAB	ADDERALL	0.25036
AMPHETAMINE SALTS 5 MG TAB	ADDERALL	0.21250
DESMOPRESSIN 0.1 MG/ML SPRY	DDAVP	22.78620
DESOXIMETASONE 0.05% GEL	TOPICORT	2.78000
ERYTHROMYCIN BASE 333 MG TAB D	ERY-TAB	1.23403
FLUPHENAZINE DEC 25 MG/ML VIAL	PROLIXIN	14.51940
GABAPENTIN 400 MG CAP	NEURONTIN	0.13973
HYDROCORTISONE 0.2% CRM	WESTCORT	0.44408
HYDROCORTISONE 2.5% CRM	HYTONE	0.10960
LIDOCAINE-PRILOCAINE CRM	EMLA	0.69464
METHYLPHENIDATE 10MG TAB	RITALIN	0.25600
METOPROLOL 100 MG TAB	LOPRESSOR	0.04662
NITROFURANTOIN MCR 50 MG CAP	MACRODANTIN	1.44516
POLYMYXIN B/TMP EYE DROPS	POLYTRIM	1.22795
PREDNISOLONE 15 MG/5 ML SYRP	PRELONE	0.05512
PREDNISOLONE 6.7 MG/5 ML SOLN	PEDIAPRED	0.21758

The following table lists State MAC rates to be **decreased** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Decreases, Effective May 21, 2011**

Drug Name	Brand Name	State MAC Rate
ANASTROZOLE 1 MG TAB	ARIMIDEX	0.31160
BUPROPION HCL ER 100 MG TAB	WELLBUTRIN SR	0.46328
CEPHALEXIN 500 MG CAP	KEFLEX	0.15061

This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise. This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.

Drug Name	Brand Name	State MAC Rate
CIPROFLOXACIN 0.3% EYE DROPS	CILOXAN	1.14840
CIPROFLOXACIN HCL 500 MG TAB	CIPRO	0.20339
DIVALPROEX SODIUM 500 MG TAB D	DEPAKOTE	0.15162
DIVALPROEX SODIUM ER 250 MG TA	DEPAKOTE ER	0.32000
DIVALPROEX SODIUM ER 500 MG TA	DEPAKOTE ER	0.39080
DORZOLAMIDE-TIMOLOL EYE DROPS	COSOPT	3.89856
FENTANYL 25 MCG/HR PATCH	DURAGESIC	6.91880
GLIPIZIDE 10 MG TAB	GLUCOTROL	0.03919
GLYBURIDE 5 MG TAB	MICRONASE	0.24311
HYDROCHLOROTHIAZIDE 12.5 MG CA	MICROZIDE	0.07746
LEVETIRACETAM 1000 MG TAB	KEPPRA	0.68084
LEVETIRACETAM 750 MG TAB	KEPPRA	0.33152
LORAZEPAM 0.5 MG TAB	ATIVAN	0.02900
MELOXICAM 15 MG TAB	MOBIC	0.03114
METOPROLOL SUCC ER 200 MG TAB	TOPROL XL	1.97324
NEO/POLYMYXIN/HC EAR SOLN	CORTISPORIN	1.85640
OMEPRAZOLE 20 MG CAP	PRILOSEC	0.13958
ONDANSETRON HCL 4 MG TAB	ZOFRAN	0.23280
ONDANSETRON ODT 8 MG TAB	ZOFRAN ODT	0.69030
OXCARBAZEPINE 150 MG TAB	TRILEPTAL	0.23400
RAMIPRIL 10 MG CAP	ALTACE	0.20381
RISPERIDONE 0.25MG TAB	RISPERDAL	0.20162
RISPERIDONE 1MG TAB	RISPERDAL	0.22927
RISPERIDONE 4MG TAB	RISPERDAL	0.30710
SERTRALINE HCL 25 MG TAB	ZOLOFT	0.07507
SULFAMETHOXAZOLE/TMP DS TAB	SEPTRA	0.09448
TAMSULOSIN HCL 0.4 MG CAP.SR 2	FLOMAX	0.31234
TRAZODONE 100 MG TAB	DESYREL	0.04417
TRETINOIN 0.05% CRM	RETIN-A	1.05060
URSODIOL 300 MG CAP	ACTIGALL	0.37397
VALPROIC ACID 250 MG CAP	DEPAKENE	0.16601

The following table lists State MAC rates to be **added to** the State MAC Program:

Table 3: Iowa Medicaid State MAC Rate **Additions, Effective May 21, 2011**

Drug Name	Brand Name	State MAC Rate
ACYCLOVIR 400 MG TAB	ZOVIRAX	0.19333
ERYTHROMYCIN EYE OINT	ROMYCIN	4.49348

The following table lists State MAC rates to **be terminated** in the State MAC Program:

Table 4: Iowa Medicaid State MAC Rate **Terminations**

Drug Name
BETAMETHASONE DP 0.05% CREAM
BETAMETHASONE VA 0.1% CRM
DESONIDE 0.05% CRM
DESONIDE 0.05% OINT
HYDROCORTISONE 1% CRM
METHYPREDNISOLONE 4 MG TAB
NYSTATIN 100,000 UNIT/GM OINT
SELENIUM SHAMPOO 2.5% SHAMPOO
TOBRAMYCIN 0.3% EYE DROPS

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on SMAC – State Maximum Allowable Cost Program. Revisions include the addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@msic.com.

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: April 15, 2011

This letter provides notification of the increases, decreases, additions and removal of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rate to be **increased** in the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective April 1, 2011**

Drug Name	Brand Name	State MAC Rate
POTASSIUM CITRATE ER 5 MEQ TAB	UROCIT-K	0.65250
TOPIRAMATE 25 MG SPRINKLE CAP	TOPAMAX SPRINKLE	0.65720

The following table lists State MAC rate to be **terminated** in the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Terminations, Effective April 1, 2011**

Drug Name	Brand Name
METRONIDAZOLE 500 MG TAB	FLAGYL
TRIAMCINOLONE 0.5% CRM	ARISTOCORT

Future Notification of Revisions to the State MAC Program

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Appendix J
Newsletters

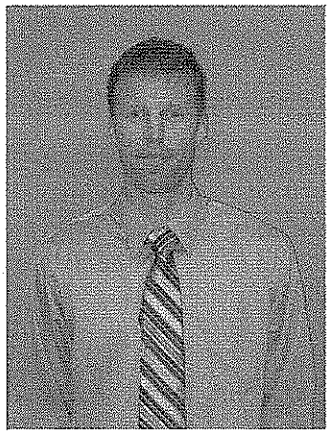
2010
Vol. 23, No. 1

DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

Commission Welcomes New Member

Brett Faine, Pharm.D.



Dr. Faine is a Clinical Pharmacy Specialist in Emergency Medicine at the University of Iowa Hospital. He serves as a preceptor to residents and Pharm.D. students in the Emergency Treatment Center. Dr. Faine received his Pharm.D. degree from the University of Iowa and completed an ASHP-accredited PGY1 Pharmacy Residency at the University of Iowa Hospitals and Clinics. Dr. Faine was appointed to the DUR Commission in 2010; his first term will expire in June 2014.

Annual Call for New Commission Member

Attention Physicians: Are you looking for a new professional opportunity?

CMS requires state Medicaid programs to have a drug utilization review (DUR) program consisting of prospective DUR, retrospective DUR, and an educational program. The goal of the DUR program is to ensure appropriate medication therapy, while permitting appropriate professional judgment to individualize medication therapy. In Iowa, the DUR Board is referred to as the Iowa Medicaid DUR Commission. The Iowa DUR Commission is composed of four Iowa licensed physicians and four Iowa licensed pharmacists who serve up to two, four-year terms, as well as a representative from the Department of Human Services. The Commission meets on the first Wednesday six months of the year from 9:30 a.m. to 1:30 p.m.

The DUR Commission is currently seeking a Prescriber who serves Medicaid Members to join the committee. Any Physician interested in serving in this capacity should send a resume or curriculum vitae, as well as a letter indicating their interest to Pam Smith at the address shown below. Candidates that would like more information about the Commission or who would like to speak to a present Commissioner are encouraged to call.

The deadline for applications is April 1, 2011.

Pam Smith, R.Ph.
DUR Project Coordinator
Iowa Medicaid Drug Utilization Review Commission
100 Army Post Road
Des Moines, IA 50315
(515) 974-3131
info@iadur.org

Prevention and Management of Diabetes Complications - Dyslipidemia

The Standards of Medical Care in Diabetes are revised annually by the American Diabetes Association (ADA) to incorporate new evidence into the standards of care. The recommendations provided by the ADA include screening, diagnostic, and therapeutic actions that are known or believed to positively affect health outcomes in patients with diabetes.

Cardiovascular disease (CVD) is the major cause of morbidity and mortality for patients with diabetes. Controlling cardiovascular risk factors is important in patients with diabetes in preventing or slowing CVD. Hypertension/blood pressure control, dyslipidemia/lipid management, antiplatelet agents, smoking cessation, and coronary heart disease screening and treatment are addressed in the position statement. It is well established that patients with type 2 diabetes have an increased prevalence of lipid abnormalities. Clinical trials have demonstrated significant effects of pharmacologic therapy (primarily statins) on CVD on outcomes in patients with CHD and for primary prevention of CVD. Recently, the DUR looked specifically at patients with a new diagnosis for diabetes that had at least one diagnosis code for CVD in their medical claims history that never filled a statin within the Iowa Medicaid population. The inquiry found 2,773 members that did not have a claim for a statin.

The 2010 ADA position statement recommends measuring fasting lipids at least annually in most diabetics. In patients with low-risk lipid values (LDL < 100mg/dl, HDL > 50mg/dl, TG < 150mg/dl), lipid assessments can be done every 2 years. Life style modifications, weight loss, and increased physical activity are recommended to improve lipid profiles in patients with diabetes. Regardless of baseline lipid levels, statin therapy should be added to lifestyle therapy for diabetic patients with overt CVD or those without overt CVD who are over the age of 40 and have one or more other CVD risk factors. For those patients without overt CVD and under the age of 40, statin therapy should be considered in addition to lifestyle modifications if LDL remains > 100mg/dl or in those with multiple CVD risk factors. The primary goal for LDL is < 100mg/dl in patients without overt CVD and < 70mg/dl in those with overt CVD. While LDL cholesterol targeted statin therapy is the preferred strategy, TG levels < 150mg/dl and HDL > 40mg/dl in men and > 50mg/dl in women are recommended. Combination therapy with a statin and another lipid-lowering agent (niacin, fenofibrate, ezetimibe, or bile acid sequestrants can also assist in lowering LDL) can be considered to reach lipid targets if they are not reached on maximally tolerated doses of statins.

Recommendations for Glycemic, Blood Pressure, and Lipid Control in Adults with Diabetes

A1C	< 7.0%
Blood Pressure	< 130/80 mmHg
LDL Cholesterol	< 100mg/dl without overt CVD < 70mg/dl with overt CVD

References:

American Diabetes Association. Standards of medical care in diabetes – 2010 [guideline on the Internet]. Diabetes care. 2010. 2010 Jan [cited 2010 June 15]; 33 suppl 1:S11-61. Available from: http://care.diabetesjournals.org/content/33/Supplement_1/S11.full.pdf+html

FDA Updates, Clonidine Poisoning, Chronic Pain Syndromes PA

FDA Update

In 2008, the FDA required a warning label for anticonvulsants regarding the increased risk of suicidal thoughts and behaviors. A recent exploratory study published in *The Journal of the American Medical Association* reported certain anticonvulsant medications are associated with increased risks of suicide, attempted suicide, and violent deaths. The study found 26 completed suicides, 801 attempted suicides, and 41 violent deaths in 297,620 new episodes of anticonvulsant treatment in adults. The findings suggest that the use of gabapentin, lamotrigine, oxcarbazepine, and tiagabine, compared with the use of topiramate, may be associated with an increased risk of suicidal acts or violent deaths. Further studies are needed to clarify the relationship between anticonvulsant medication use and suicide risk.

- The FDA has approved revised labeling requirements for long-acting beta-agonists (LABAs). In February 2010, the FDA announced it was requiring changes to the labels of LABAs due to an increased risk of severe exacerbation of asthma symptoms possibly leading to hospitalization or death in pediatric and adult patients. The new recommendations only apply to the treatment of asthma, and do not apply to the use of LABAs in COPD. The updated labels state the use of a LABA alone without use of a long-term asthma control medication, such as an inhaled corticosteroid, is contraindicated in the treatment of asthma. They should only be used in patients whose asthma is adequately controlled on low or medium dose inhaled corticosteroids and should only be used as additional therapy for patients with asthma who are currently taking but are not adequately controlled on a long-term asthma control medication. Once asthma control is achieved and maintained, patients should be assessed at regular intervals and step down therapy should begin with the intention of discontinuing the LABA, if possible, without the loss of asthma control. Patients should continue to be treated with a long-term asthma control medication. Pediatric and adolescent patients who require the addition of a LABA to an inhaled corticosteroid should use a combination product containing both an inhaled corticosteroid and a LABA, to ensure adherence with both medications.

- The FDA is conducting a review of primary results from 2 long-term clinical trials, ROADMP and ORIENT, to determine if type 2 diabetics taking *Benicar* (olmesartan) have a higher rate of death due to cardiovascular causes compared with those taking placebo. Patients in these trials were given *Benicar* or placebo to determine if the medication would decrease kidney disease progression. It was observed that a greater number of deaths from a cardiovascular cause (heart attack, sudden death, or stroke) occurred in the *Benicar*-treated patient group. The FDA believes that the benefits of *Benicar* in the treatment of hypertension outweigh its potential risks until further information is available.

- A new drug warning has been issued by Ortho-McNeil-Janssen and the FDA notifying health care professionals of changes to the Warnings section of the prescribing information for *Ultracet* (tramadol/acetaminophen) and *Ultram* (tramadol). The new information highlights the risk of suicide for patients who are addiction prone or taking tranquilizers or antidepressant drugs, as well as the risk of overdosage.

Clonidine Poisoning

There has been an increase in cases of pediatric clonidine poisoning, which mimics opioid poisoning. Toxicity cases present with myosis, hypotension, bradycardia, and respiratory and central nervous system depression. Naloxone is used in the treatment of clonidine poisoning, but in larger doses than those used in adult heroin addicts. Supportive care is also provided, consisting of intubation, along with volume therapy and pressors to support blood pressure. Recovery time varies, but children who have taken clonidine pills usually improve in about 24 hours and it may take a few days if a child ingests a clonidine extended-release patch.

Chronic Pain Syndromes PA (*Savella, Lyrica, Cymbalta*)

The PA form for *Lyrica* has been changed. It is now named Chronic Pain Syndromes and the medications *Cymbalta* and *Savella* have been added to the PA form. The new PA form is two pages long, the first two page PA form for Iowa Medicaid. This combined PA form accounts for all FDA approved diagnoses for the three medications. Diagnoses listed on the PA form include fibromyalgia, post-herpetic neuralgia, diabetic peripheral neuropathy, partial onset seizures, and major depressive disorder or generalized anxiety disorder. Refer to the PA form at iowamedicaidpdl.com for the required trials for each indication. The PA unit will consider other conditions as listed in the compendia on an individual basis for the aforementioned medications after reviewing documentation submitted regarding the medical necessity.

Medicaid Statistics for Prescription Claims

from April 1, 2010 to June 30, 2010

Number of claims paid: 1,061,660

Total dollars paid: $61,625,689

Percent controlled substances: 18.96%

Average amount paid per claim: $58.05

Average amount paid per claim, brand: $199.16

Average Amount paid per claim, generic: $11.60

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent (Pre-Rebate)	Top Therapeutic Class by Dollars Spent (Pre-Rebate)
ProAir HFA $44.86/RX	Concerta 36mg $1,024,243 $203.42/RX	Antipsychotics – Atypicals $10.9 million
Hydrocodone/APAP 5-500 $4.66/RX	*Abilify* 5mg $984,861 $413.63/RX	Stimulants – Amphetamines – Long Acting $4.2 million
Lexapro 20mg $89.61/RX	*Adderall* XR 20mg $930,740 $255.26/RX	Anticonvulsants $3.6 million
Loratadine 10mg $7.32/RX	*Abilify 10mg* $877,459 $416.05/RX	Antidepressants – Selected SSRI's $3.4 million
Tramadol 50mg $5.52/RX	*Lexapro* 20mg $858,822 $89.61/RX	Stimulants – Methylphenidate-Long Acting $2.8 million

2011
Vol. 23, No. 2

DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

Prescription Drug Use on the Rise Over the Past 10 Years

Based on a study released by the U.S.Centers for Disease Control and Prevention, the number of Americans who took at least one prescription drug in the past month increased to 48% in 2007-08, an increase of 10% from 1999-2000. Use of two or more drugs increased from 25% to 31%, and the use of five or more drugs increased from 6% to 11%. In 2007-08, nearly one-half of Americans used at least one or more prescriptions in the month prior to the survey, with one out of every five children and nine out of every ten older Americans using at least one prescription drug.

The most commonly used drugs used by age were bronchodilators for children (0-11 years), central nervous system stimulants for adolescents (12-19 years), antidepressants for adults (20-59 years), and cholesterol lowering drugs for adults aged 60 and over.

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The Use of Clopidogrel in Acute Coronary Syndrome and Cerebrovascular Disease

Clopidogrel (*Plavix)* plays an important role in the management of cardiovascular and cerebrovascular diseases. National and international treatment guidelines recommend clopidogrel either as monotherapy or as combination therapy with aspirin, depending on the patient's risk for thromboembolic events. The American College of Chest Physicians Evidence-Based Clinical Practice Guidelines[1] recommends the following with regard to platelet-aggregation inhibitors:

- For patients with acute coronary syndrome (ACS), aspirin should be given indefinitely unless contraindicated. (Grade 1A)
- For patients with Post-ST-Segment Elevation ACS, clopidogrel should be used for up to 12 months following hospital discharge. (Grade 2B)
- For patients with Non-ST-Segment Elevation ACS, combination therapy with aspirin and clopidogrel should be used for 12 months. (Grade 1A)
- For patients who undergo percutaneous coronary intervention (PCI) with drug-eluting stents, aspirin plus clopidogrel for at least 12 months (Grade 1A), or indefinitely if no bleeding or intolerable side effects occur (Grade 2C).
- For patients who undergo PCI with bare metal stents, aspirin plus clopidogrel should be used for 3 to 12 months. (Grade 1A)
- For patients allergic to aspirin or who experience intolerable side effects with aspirin, clopidogrel should be used instead of aspirin for as long as antiplatelet therapy is needed. (Grade 1A)

The American College of Chest Physicians Evidence-Based Clinical Practice Guidelines[2] recommends the following with regard to platelet-aggregation inhibitors when used for cerebrovascular disease:

- Aspirin, aspirin/extended-release dipyridamole, dipyridamole and clopidogrel are all acceptable options for therapy in patients who have experienced noncardioembolic stroke or TIA. (Grade 1A)
- Long-term use of the combination of aspirin and clopidogrel should be avoided. (Grade 1B)

The DUR regularly reviews patient profiles where it is observed members have been using clopidogrel beyond one year, with or without aspirin. The cost of using clopidogrel, based on AWP pricing, is $195 per month for once daily dosing whereas aspirin costs pennies per day. From January 1, 2010 through June 30, 2010, there were 4,047 paid claims for clopidogrel. The DUR recently sent letters to prescribers and pharmacies of members who have been using clopidogrel for greater that one year that did not have a diagnosis that supported its extended use. The DUR asked if clopidogrel could be discontinued and, if not contraindicated, switched to aspirin.

References:

1. Becker RC, Meade TW, Berger PB, et al. The primary and secondary prevention of coronary artery disease: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th Edition). Chest 2008 Jun;133(6 Suppl):776S-814S.
2. Albers GW, Amarenco P, Easton JD et al. Antithrombotic and thrombolytic therapy for ischemic stroke: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th Edition). Chest 2008 Jun;133(6 Suppl): 630S-69S.

FDA Updates, Specialty Drug List, Lidocaine Patch PA

FDA Update

- The FDA is requiring the manufacturer of Avandia® (rosiglitazone), GlaxoSmithKline (GSK), to undertake a restricted access program under the agency's Risk Evaluation and Mitigation Strategy (REMS) initiative to include elements to ensure the safe use of the product. Under the REMS, rosiglitazone will be available to new patients only if they are unable to achieve glucose control on other medications and are unable to take Actos® (pioglitazone). The decision comes after the results from various published studies showed an increased risk in cardiac events in patients taking rosiglitazone. Current users of rosiglitazone who are benefiting from the drug will be able to continue using the medication if they choose to do so.
- New information has been added to the existing Boxed Warning of Arava® (leflunomide) regarding the risk of severe liver injury. The new boxed warning recommends against using leflunomide in patients with preexisting hepatic dysfunction and patients with liver enzymes greater than two times the upper limit of normal. It emphasizes the importance of monitoring liver function after the initiation of therapy.
- The FDA announced it would include information on the risk for developing aseptic meningitis as a result of Lamictal (lamotrigine). This information will be included in the Warnings and Precautions section of the drug label and in the Medication Guide.
- The label for prescription and over-the counter proton pump inhibitors (PPIs) will be updated to include safety information on the potential increased risk of hip, wrist, and spine fractures. The increased risk is seen primarily in older patients with PPI use greater than one year, and with high doses of PPIs (doses greater than 1.5 doses per day).

Specialty Drug List

In December 2009, Iowa Medicaid developed the Specialty Drug List that is subject to a different imbursement rate than other covered medications. Specialty drugs include biological drugs, blood-derived products, complex molecules, and select oral, injectable, and infused medications identified by the Department. These specialty drugs are reimbursed at the lowest of Federal Upper Limit (FUL) plus dispensing fee, State Maximum Allowable Cost (SMAC) plus dispensing fee, Average Wholesale Price (AWP) minus 17% plus dispensing fee, or usual and customary price. This list includes Hepatitis C agents, Multiple Sclerosis agents, Biologicals, and numerous other medications. The complete list can be found on the Iowa Medicaid Preferred Drug List (PDL) website at iowamedicaidpdl.com under the Specialty Drug List link on the left hand side of the page.

Update to the Lidocaine Patch PA

The DUR recently voted to change the PA criteria for the Lidocaine Patch. Lidoderm® is indicated for the relief of pain associated with post-herpetic neuralgia. The American Academy of Neurology published a practice parameter for the treatment of post-herpetic neuralgia in September 2004. TCAs, long acting opioids, gabapentin, pregabalin, and lidocaine patch were found to have medium to high efficacy in the treatment of post-herpetic neuralgia. While the lidocaine patch has been used for diagnoses other than post-herpetic neuralgia, clinical evidence supporting unapproved uses of lidocaine patches is either lacking or of poor quality. Below are the updated PA criteria for lidocaine patch. The changes are italicized.

Prior authorization is required for topical lidocaine patches (Lidoderm®). Payment will be considered for a diagnosis of pain associated with post-herpetic neuralgia following a previous treatment failure with a preferred agent at therapeutic dose from *two* of the following: tricyclic antidepressant, opioid, gabapentin, *rbamazepine*, or *valproic acid*. A maximum of 30 patches may be dispensed with the initial prescription to determine efficacy.

Medicaid Statistics for Prescription Claims

from July 1, 2010 to September 30, 2010

Number of claims paid: 906,224

Total dollars paid: $52,465,816

Percent controlled substances: 19.04%

Average amount paid per claim: $57.89

Average amount paid per claim, brand: $196.45

Average Amount paid per claim, generic: $11.46

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent (Pre-Rebate)	Top Therapeutic Class by Dollars Spent (Pre-Rebate)
ProAir HFA $46.22/RX	*Abilify* 5mg $935,466 $440.22/RX	Antipsychotics – Atypicals $9.2 million
Hydrocodone/APAP 5-500 $4.65/RX	*Concerta* 36mg $884,032 $203.79/RX	Stimulants – Amphetamines – Long Acting $3.5 million
Lexapro 20mg $89.35/RX	*Abilify 10mg* $808,900 $442.02/RX	Anticonvulsants $2.8 million
Tramadol 50mg $5.54/RX	*Adderall* XR 20mg $773,245 $259.83/RX	Antidepressants – Selected SSRI's $2.7 million
Loratadine 10mg $7.31/RX	*Lexapro* 20mg $735,684,822 $89.35/RX	Stimulants – Methylphenidate-Long Acting $2.3 million

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DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

Prevention of Cardiovascular Disease in Women

The American Heart Association has updated their guideline for the Prevention of Cardiovascular Disease in Women. The revision incorporates several new strategies for the prevention of cardiovascular events in women with the key points presented below.

1. T
he guideline stratifies women into three categories (high risk, at risk and ideal cardiovascular health) for assessing cardiovascular risk (Table 1).
2. Women with a 10-year predicted risk for cardiovascular disease of ≥10% are now considered at high risk (as opposed to a 10-year risk for coronary heart disease of ≥20%.
3. Alternatives to the 10-year risk equation are now accepted for the prediction of 10-year global cardiovascular risk such as the Reynolds risk score for women. Previously, the Framingham risk score was only used.
4. Lifestyle interventions include stronger recommendations for increased exercise. Women should be encouraged to accumulate at least 150 minutes of moderate or 75 minutes of vigorous exercise per week (for additional benefit, 300 minutes of moderate or 150 minutes of vigorous exercise per week are recommended), and to sustain aerobic activities for at least 10 minutes per episode. Women should also be encouraged to perform strengthening exercises involving all major muscle groups at least 2 days per week.
5. Diet recommendations are more stringent:
    a. Fruits and vegetables, ≥ 4.5 cups per day
    b. Fish, 2 servings per week (preferably oily types of fish)
    c. Fiber, 30g per day (1.1g fiber per 10g carbohydrate)
    d. Whole grains, 3 servings per day
    e. Sugar, ≤ 5 servings (1 tablespoon) per week
    f. Nuts, legumes, and seeds,, ≥ 4 servings per week
    g. Saturated fat, < 7% of total energy intake
    h. Cholesterol, < 150mg per day
    i. Alcohol ≤ 1 per day
    j. Sodium, < 1500mg (1 teaspoon) per day
    k. Trans-fatty acids, 0
6. Consumption of omega-3 fatty acids in fish or in capsule form may be considered for primary or secondary prevention of cardiovascular events in women with hypercholesterolemia, hypertriglyceridemia, or both.
7. The algorithm for preventative care now includes specific recommendations for stroke prevention in women with atrial fibrillation.
8. There is continued emphasis to avoid therapies without demonstrated benefit or with risks that outweigh their benefits (Class III Interventions):
    a. Noncontraceptive hormone therapy outside of indications for menopausal symptoms
    b. Antioxidant vitamin supplements
    c. Folic acid supplements, except during childbearing years to prevent neural tube defects in offspring
    d. Routine use of aspirin in healthy women aged < 65

-Continued on page 2-

Table 1. Classification of CVD Risk in Women

Risk Status	Criteria
High risk (≥ 1 high-risk states)	Clinically manifest CHD Clinically manifest cerebrovascular disease Clinically manifest peripheral arterial disease Abdominal aortic aneurysm End-stage or chronic kidney disease Diabetes mellitus 10-year Predicted CVD risk ≥ 10%
At risk (≥1 major risk factor[s])	Cigarette Smoking SBP ≥ 120 mm Hg, DBP ≥ 80 mm Hg, or treated hypertension Total cholesterol ≥ 200 mg/dL, HDL-C < 50 mg/dL, or treated dyslipidemia Obesity, particularly central adiposity Poor diet Physical inactivity Family history of premature CVD occurring in first-degree relatives in men < 55 years of age or in women < 65 years of age Metabolic syndrome Evidence of advanced subclinical atherosclerosis (eg, coronary calcification, carotid plaque, or thickened IMT) Poor exercise capacity on treadmill test and/or abnormal heart rate recovery after stopping exercise Systemic autoimmune collagen-vascular disease (eg, lupus or rheumatoid arthritis) History of preeclampsia, gestational diabetes, or Pregnancy-induced hypertension
Ideal cardiovascular health (all of these)	Total cholesterol < 200 mg/dL (untreated) BP <120/<80 mm Hg (untreated) Fasting blood glucose < 100 mg/dL(untreated) Body mass index < 25 kg/m² Abstinence from smoking Physical activity at goal for adults > 20 years of age: ≥ 150 min/wk moderate intensity, ≥ 75 min/wk vigorous intensity, or combination Healthy (DASH-like) diet

CVD indicates cardiovascular disease; CHD, coronary heart disease; SPB, systolic blood pressure; DBP, diastolic blood pressure; HDL-C, high-density lipoprotein cholesterol; IMT, intima-media thickness; BP, blood pressure; and DASH, Dietary Approaches to Stop Hypertension.

References:

1. Mosca L et al. Effectiveness-based guidelines for the prevention of cardiovascular disease in women – 2011 update: A guideline from the American Heart Association. *Circulation* 2011 Feb 16. Available at: http://circ.ahajournals.org/cgi/reprint/CIR.0b013e31820faaf8v2?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=effectiveness+based+guidelines+for+the+prevention+of+cardiovascular+disease+in+w&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT. Accessed online February 28, 2011.

FDA Updates and New Drug PA Criteria

FDA Update

- The FDA issued a drug safety communication notifying healthcare professionals and the public that prescription proton pump inhibitors (PPIs) may cause hypomagnesemia if taken for extended periods of time (longer than one year). Low serum magnesium levels can result in serious adverse events including tetany, arrhythmias, and seizures. The FDA recommends obtaining serum magnesium levels prior to starting PPI treatment in patients expected to be on these drugs for long periods of time, as well as patients who take PPIs with medications such as digoxin, diuretics, or drugs that may cause hypomagnesemia. Treatment of hypomagnesemia typically requires magnesium supplements. Treatment in patients taking a PPI and who have hypomagnesemia may also require stopping the PPI. OTC PPIs were not included in this warning since they are marketed at low doses and are only intended for a 14 day course of treatment up to three times per year.
- The FDA is alerting the public of new data that show there is an increased risk for the development of cleft lip and/or cleft palate in infants born to women treated with topiramate during pregnancy. Oral clefts occur in the first trimester of pregnancy before many women know they are pregnant. The benefits and risks of topiramate should be carefully weighed when prescribing this drug for women of child bearing age, particularly when it is considered for a condition not usually associated with permanent injury or death. Alternate medications that have a lower risk of oral clefts and other adverse birth outcomes should be considered for these patients. If topiramate is to be used in women of childbearing age, effective birth control should be used. Because of the new data that show an increased risk of oral clefts, topiramate is being placed in Pregnancy Category D.

New Drug Prior Authorization Criteria

Buprenorphine (Butrans™) Transdermal System: Prior authorization is required for Butrans™. Payment will be considered when the following criteria are met: 1) Previous trials and therapy failures at a therapeutic dose with a preferred long acting morphine sulfate product and methadone. The preferred trials must allow for adequate dose titration and show use of a short acting narcotic for breakthrough pain. 2) A trial and therapy failure with fentanyl patch at maximum tolerated dose. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Extended-Release Alpha$_2$ Agonists: Clonidine (Kapvay™) and Guanfacine (Intuniv®): Prior authorization is required for extended-release alpha$_2$ agonists. Payment will be considered for patient when the following criteria are met: 1) The patient has a diagnosis of ADHD and is between 6 and 17 years of age; and 2) Previous trial with the preferred immediate release product of the same chemical entity at a therapeutic dose that resulted in a partial response with a documented intolerance; and 3) Previous trial and therapy failure at a therapeutic dose with one preferred amphetamine and one preferred non-amphetamine stimulant; and 4) Previous trial and therapy failure at a therapeutic dose with atomoxetine (Strattera®). The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Dalfampridine (Ampyra®): Prior authorization is required for dalfampridine (Ampyra®). Payment will be considered under the following conditions: 1) For patients that have a gait disorder associated with MS. 2) Initial authorizations will be approved for 12 weeks with a baseline Timed 25-foot Walk (T25FW) assessment. 3) Additional prior authorizations will be considered at 6 month intervals after assessing the benefit to the patient as measured by a 20% improvement in T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained. Prior authorizations will not be considered for patients with a seizure diagnosis or in patients with moderate or severe renal impairment.

Medicaid Statistics for Prescription Claims

from October 1, 2010 to December 31, 2010*

Number of claims paid: 1,108,888

Total dollars paid: $64,543,129.65

Percent controlled substances: 18.81%

Average amount paid per claim: $58.22

Average amount paid per claim, brand: $199.52

Average Amount paid per claim, generic: $11.68

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
ProAir HFA $45.51/RX	*Synagis* 100mg/ml $1,326,399 $2,302.85/RX	Antipsychotics – Atypicals $11.1 million
Hydrocodone/APAP 5-500 $4.71/RX	*Concerta* 36mg $1,277,305 $223.50/RX	Stimulants – Amphetamines – Long Acting $4.4 million
Lexapro 20mg $95.05/RX	*Abilify* 5mg $1,179,375 $439.99/RX	Antidepressants – Selected SSRI's $3.3 million
Cheratussin Syrup AC $5.94/RX	*Adderall* XR 20mg $963,979 $256.26/RX	Anticonvulsants $3.2 million
Tramadol HCL 50mg $5.47/RX	*Abilify 10mg* $960,966 $446.57/RX	Stimulants – Methylphenidate-Long Acting $3.2 million

*All dollars reported are Pre-Rebate

Appendix K
Web Site

Iowa Medicaid Drug Utilization Review Commission

- DUR Information
- Home
- Meeting Information (/meetings)
- Agendas (/agendas)
- Minutes (/minutes)
- Newsletters (/newsletters)
- Members (/members)
- Meeting Archive (/home/meeting-archive)
- Report Archive (/home/report-archive)
- Mental Health Advisory Group
- Advisory Group Meeting Information (/work_group_info)
- Advisory Group Minutes (/work_group_minutes)
- Advisory Group Agendas (/work_group_agendas)
- Contact
- DUR Commission (/commission)

Iowa Medicaid Drug Utilization Review Commission

New Public Comment Policy

Any data that are to be referenced during the Public Comment period(s) should be limited to published, peer reviewed literature only. "Data on file" and "articles submitted for review" are not considered published, peer reviewed literature and should not be referenced during public testimony. All referenced data that is to be presented should be submitted to the DUR professional staff electronically to info@iadur.org (mailto:Info@iadur.org) **AT LEAST ONE WEEK PRIOR TO THE MEETING DATE** for consideration and distribution to the Commission members.

Recent Site Updates

New meeting information (/meetings) has been added.

A new DUR Digest (/newsletters) has been added.

(/updates/smoking_cessation_report_2010.pdf?)

DUR Commission Members

- Mark Graber, M.D., FACEP, Chairperson
- Laurie Pestel, Pharm.D., Vice Chairperson

- Larry Ambroson, R.Ph.
- Gregory Barclay, M.D.
- Casey Clor, M.D.
- Brett Faine, Pharm.D.
- Craig Logemann, R.Ph., Pharm.D., BCPS
- Susan Parker, Pharm.D.
- Sara Schutte-Schenck, D.O., FAAP

More information (/members)

Professional Staff

- Pam Smith, R.Ph. - DUR Project Coordinator

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Appendix L
Quarterly Management Reports

Iowa Medicaid DUR Program

Bi-Monthly Statistics

	May/June 2010	July/August 2010	% CHANGE
Total Paid Amount	$36,719,530	$36,374,179	-0.9%
Unique Users	149,326	145,654	-2.5%
Cost Per User	$245.90	$249.73	1.6%
Total Prescriptions	626,997.0	618,770.0	-1.3%
Average Prescriptions Per User	4.20	4.25	1.2%
Average Cost Per Prescription	$58.56	$58.78	0.4%
# Generic Prescriptions	467,990	464,979	-0.6%
% Generic	74.6%	75.1%	0.7%
$ Generic	$5,441,977	$5,312,956	-2.4%
Average Generic Prescription Cost	$11.63	$11.43	-1.7%
Average Days Supply	21	21	0.0%
# Brand Prescriptions	159,007	153,791	-3.3%
% Brand	25.4%	24.9%	-2.0%
$ Brand	$31,277,554	$31,061,222	-0.7%
Average Brand Prescription Cost	$196.71	$201.97	2.7%
Average Days Supply	27	27	0.0%

Utilization , Age

Age	May/June 2010	July/August 2010
0-6	33,193	30,210
7-12	21,600	21,698
13-18	20,170	20,044
19-64	62,413	62,154
65+	11,750	11,548
	149,326	145,654

Utilization by Gender and Age

Gender	Age	May/June 2010	July/August 2010
F			
	0-6	15,505	14,257
	7-12	9,545	9,618
	13-18	10,585	10,730
	19-64	44,618	44,486
	65+	8,838	8,736
		89,092	87,829
M			
	0-6	17,687	15,953
	7-12	12,255	12,080
	13-18	9,585	9,314
	19-64	17,795	17,668
	65+	2,912	2,810
		60,234	57,825

Top 20 Therapeutic Class by Paid Amount

Category Description	May/June 2010	Rank	% Budget	July/August 2010	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	$6,576,548	1	17.9%	$6,656,176	1	18.3%	1.2%
STIMULANTS - AMPHETAMINES - LONG ACTING	$2,365,765	2	6.4%	$2,337,833	2	6.4%	-1.2%
ANTICONVULSANTS	$1,979,359	4	5.4%	$1,949,273	3	5.4%	-1.5%
ANTIDEPRESSANTS - SELECTED SSRI's	$1,982,642	3	5.4%	$1,927,263	4	5.3%	-2.8%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	$1,579,260	6	4.3%	$1,549,197	5	4.3%	-1.9%
ANTIHEMOPHILIC AGENTS	$1,679,605	5	4.6%	$1,425,875	6	3.9%	-15.1%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	$1,206,114	7	3.3%	$1,172,817	7	3.2%	-2.8%
ANTIASTHMATIC - ADRENERGIC COMBOS	$927,336	8	2.5%	$959,105	8	2.6%	3.4%
GI - PROTON PUMP INHIBITOR	$923,173	9	2.5%	$913,476	9	2.5%	-1.1%
DIABETIC - INSULIN	$714,623	10	1.9%	$738,047	10	2.0%	3.3%
ANTIASTHMATIC - BETA - ADRENERGICS	$678,038	11	1.8%	$695,755	11	1.9%	2.6%
STIMULANTS - METHYLPHENIDATE	$599,986	12	1.6%	$599,562	12	1.6%	-0.1%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	$570,457	13	1.6%	$588,015	13	1.6%	3.1%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	$514,589	16	1.4%	$531,980	14	1.5%	3.4%
MULTIPLE SCLEROSIS AGENTS	$471,638	17	1.3%	$511,240	15	1.4%	8.4%
ANTIASTHMATIC - STEROID INHALANTS	$549,857	14	1.5%	$484,459	16	1.3%	-11.9%
NARCOTICS LONG ACTING	$450,841	18	1.2%	$435,248	17	1.2%	-3.5%
GROWTH HORMONE	$377,909	20	1.0%	$399,302	18	1.1%	5.7%
NARCOTICS - MISC.	$401,752	19	1.1%	$398,192	19	1.1%	-0.9%
DIABETIC - THIAZOL	$366,198	21	1.0%	$371,230	20	1.0%	1.4%

Top 20 Therapeutic Class by Prescription Count

Category Description	May/June 2010	Prev Rank	July/August 2010	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRI's	45,247	1	45,438	1	0.42%
NARCOTICS - MISC.	31,771	3	32,545	2	2.44%
ANTICONVULSANTS	31,948	2	32,337	3	1.22%
ANXIOLYTICS - BENZODIAZEPINES	29,319	4	30,245	4	3.16%
ANALGESICS - MISC.	23,721	5	23,504	5	-0.91%
ANTIPSYCHOTICS - ATYPICALS	22,870	6	22,829	6	-0.18%
BETA-LACTAMS / CLAVULANATE COMBO'S	21,695	7	18,437	7	-15.02%
ANTIASTHMATIC - BETA - ADRENERGICS	18,012	8	17,539	8	-2.63%
ANTIHISTAMINES - NON-SEDATING	16,687	9	15,943	9	-4.46%
STIMULANTS - AMPHETAMINES - LONG ACTING	12,994	11	12,674	10	-2.46%
NSAIDS	11,737	13	11,993	11	2.18%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	14,204	10	11,164	12	-21.40%
CEPHALOSPORINS	11,657	12	10,894	13	-6.12%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,534	14	10,534	14	0.00%
ANTIHYPERTENSIVES - CENTRAL	9,865	18	10,272	15	4.13%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	9,994	16	9,674	16	-3.20%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	9,901	17	9,536	17	-3.69%
GI - H2-ANTAGONISTS	9,182	19	9,269	18	0.95%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	10,025	15	8,766	19	-13.05%
GI - PROTON PUMP INHIBITOR	8,560	21	8,707	20	1.72%

Top 100 Drugs b_ aid Amount

Drug Description	Paid Amount May/June 2010	Paid Amount July/August 2010	Percent Change
CONCERTA TAB 36MG	$614,701.96	$615,741.84	0.17%
ABILIFY TAB 5MG	$605,306.27	$664,292.90	9.74%
ABILIFY TAB 10MG	$555,724.16	$570,119.50	2.59%
ADDERALL XR CAP 20MG	$555,180.99	$537,845.80	-3.12%
LEXAPRO TAB 20MG	$535,560.28	$527,415.80	-1.70%
SINGULAIR TAB 10MG	$481,333.97	$492,652.14	2.35%
SEROQUEL TAB 300MG	$459,631.61	$456,510.27	-0.05%
CONCERTA TAB 54MG	$450,933.65	$444,326.75	-1.47%
ADDERALL XR CAP 30MG	$422,179.64	$411,693.51	-2.48%
SEROQUEL TAB 200MG	$420,308.11	$409,909.54	-2.47%
ABILIFY TAB 20MG	$407,532.53	$453,621.86	11.31%
PREVACID CAP 30MG DR	$403,800.37	$396,069.77	-1.91%
ADVATE INJ 3000UNIT	$391,318.24	$201,935.08	-48.40%
ADVATE INJ 1000UNIT	$388,181.55	$282,057.73	-27.34%
SINGULAIR CHW 5MG	$379,021.04	$371,499.41	-1.98%
ABILIFY TAB 15MG	$350,331.01	$339,159.67	-3.19%
ADVAIR DISKU AER 250/50	$349,290.91	$357,488.32	2.35%
ACTOS TAB 15MG	$340,948.69	$349,972.59	2.65%
PROAIR HFA AER	$323,556.21	$350,709.29	8.39%
CYMBALTA CAP 60MG	$316,647.02	$316,592.87	-0.02%
SEROQUEL TAB 100MG	$316,223.55	$315,214.70	-0.32%
ZYPREXA TAB 20MG	$314,596.57	$311,348.06	-1.03%
ABILIFY TAB 30MG	$311,999.47	$312,468.82	0.15%
GEODON CAP 80MG	$297,187.98	$284,305.89	-4.33%
SINGULAIR CHW 4MG	$292,332.66	$266,437.25	-8.86%
NOVOLOG INJ 100/ML	$274,734.37	$270,489.27	-1.55%
SEROQUEL TAB 400MG	$271,015.10	$260,582.02	-3.85%
DEPAKOTE ER TAB 500MG	$243,658.40	$212,780.39	-12.67%
ABILIFY TAB 2MG	$236,580.00	$254,398.72	7.53%
LEVEMIR INJ	$234,454.58	$224,056.27	-4.44%
SEROQUEL TAB 50MG	$227,185.37	$228,640.07	0.64%
PROTONIX TAB 40MG	$216,763.06	$221,952.62	2.39%
PLAVIX TAB 75MG	$209,939.42	$218,657.62	4.15%
VENLAFAXINE TAB 150MG ER	$209,667.54	$194,754.95	-7.11%
CYMBALTA CAP 30MG	$207,360.37	$190,713.54	-8.03%
ADDERALL XR CAP 10MG	$200,335.26	$192,385.16	-3.97%

RECOMBINAT	INJ 901-1240	$193,288.32	$336,077.73	73.87%
LANTUS	INJ 100/ML	$190,423.87	$199,502.97	4.77%
SPIRIVA	CAP HANDIHLR	$188,176.20	$207,536.18	10.29%
ADVATE	INJ 1500UNIT	$187,235.55	$182,217.11	-2.68%
NASONEX	SPR 50MCG/AC	$181,045.44	$151,151.99	-16.51%
ZYPREXA	TAB 15MG	$172,923.56	$173,552.10	0.36%
ADDERALL XR	CAP 25MG	$170,670.30	$162,497.43	-4.79%
VYVANSE	CAP 50MG	$167,726.69	$171,207.42	2.08%
COPAXONE	KIT 20MG/ML	$166,639.16	$187,807.74	12.70%
CONCERTA	TAB 27MG	$166,544.54	$160,741.91	-3.48%
ADDERALL XR	CAP 15MG	$164,298.41	$160,382.59	-2.38%
FOCALIN XR	CAP 20MG	$161,245.22	$161,881.93	0.39%
VYVANSE	CAP 30MG	$161,030.04	$167,755.62	4.18%
PULMICORT	SUS 0.5MG/2	$154,762.07	$115,907.27	-25.11%
ADVAIR DISKU	AER 500/50	$154,578.16	$167,856.01	8.59%
ZYPREXA	TAB 10MG	$150,775.42	$139,844.96	-7.25%
RISPERDAL	INJ 50MG	$149,450.04	$149,918.70	0.31%
COMBIVENT	AER	$147,373.64	$156,409.29	6.13%
AZITHROMYCIN	SUS 200/5ML	$146,175.33	$92,810.17	-36.51%
GEODON	CAP 40MG	$142,187.37	$127,270.84	-10.49%
CIPRODEX	SUS 0.3-0.1%	$139,510.33	$182,325.22	30.69%
TRICOR	TAB 145MG	$138,652.93	$150,134.24	8.28%
CONCERTA	TAB 18MG	$137,272.89	$128,201.82	-6.61%
VYVANSE	CAP 70MG	$134,032.07	$139,883.94	4.37%
VYVANSE	CAP 40MG	$129,595.68	$134,494.92	3.78%
GEODON	CAP 60MG	$128,485.65	$145,095.78	12.93%
VALTREX	TAB 500MG	$122,879.74	$127,586.62	3.83%
VALTREX	TAB 1GM	$120,323.05	$133,834.28	11.23%
LEVAQUIN	TAB 500MG	$120,222.56	$120,169.64	-0.04%
STRATTERA	CAP 40MG	$119,968.95	$118,022.12	-1.62%
SEROQUEL	TAB 25MG	$119,839.37	$116,280.49	-3.03%
GENOTROPIN	INJ 12MG	$117,835.59	$123,269.38	4.61%
FOCALIN XR	CAP 15MG	$115,748.45	$111,871.18	-3.35%
LIPITOR	TAB 20MG	$111,471.70	$115,285.36	3.42%
TOPAMAX	TAB 100MG	$108,533.77	$107,812.53	-0.67%
PULMOZYME	SOL 1MG/ML	$108,260.27	$123,041.49	13.65%
ADVATE	INJ 500UNIT	$108,049.29	$145,977.13	35.10%
FOCALIN XR	CAP 10MG	$104,158.00	$105,243.30	1.04%
PULMICORT	SUS 0.25MG/2	$99,368.50	$71,902.13	-27.64%
LIPITOR	TAB 40MG	$99,246.65	$103,083.09	3.87%

TOBI NEB /5ML	$99,010.42	$113,823.47	14.96%
VENTOLIN HFA AER	$98,642.88	$110,291.27	11.81%
HUMALOG INJ 100/ML	$97,814.64	$108,596.11	11.02%
HELIXATE FS INJ 3000UNIT	$97,087.61	$60,678.67	-37.50%
AVONEX PREFIL KIT 30MCG	$95,439.80	$116,464.28	20.76%
REBIF INJ 44/0.5	$94,450.77	$113,502.13	20.17%
PEGASYS KIT	$93,093.54	$103,259.76	10.93%
CEFDINIR SUS 250/5ML	$92,851.34	$64,596.28	-30.43%
SYMBICORT AER 160-4.5	$91,190.21	$98,205.40	7.69%
NUTROPIN AQ INJ 10MG/2ML	$89,945.48	$93,786.73	4.27%
ADVAIR DISKU AER 100/50	$89,749.12	$86,879.89	-3.20%
ELAPRASE INJ 6MG/3ML	$88,814.82	$88,814.82	0.00%
STRATTERA CAP 25MG	$87,384.03	$87,970.02	0.67%
ZETIA TAB 10MG	$85,683.45	$84,967.14	-0.84%
PREVACID TAB 15MG STB	$85,556.59	$84,908.76	-0.76%
EXJADE TAB 500MG	$85,150.44	$63,834.42	-25.03%
INVEGA TAB 6MG	$84,394.90	$93,433.05	10.71%
BETASERON INJ 0.3MG	$84,251.70	$53,359.41	-36.67%
HUMIRA PEN KIT 40MG/0.8	$83,045.28	$92,456.62	11.33%
VYVANSE CAP 20MG	$81,188.96	$81,385.65	0.24%
OXYCONTIN TAB 80MG CR	$80,800.78	$73,542.97	-8.98%
NUVARING MIS	$79,713.76	$80,595.39	1.11%
RISPERDAL INJ 37.5MG	$77,683.39	$86,234.81	11.03%
VYVANSE CAP 60MG	$76,960.68	$86,143.49	11.93%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count May/June 2010	Prescription Count July/August 2010
HYDROCO/APAP TAB 5-500MG	10,852	11,211
Loratadine Tab 10 MG	9,861	9,699
PROAIR HFA AER	7,330	7,723
LORAZEPAM TAB 0.5MG	6,291	6,546
LEXAPRO TAB 20MG	6,026	6,010
Acetaminophen Tab 325 MG	5,605	5,423
RANITIDINE TAB 150MG	5,456	5,420
LORAZEPAM TAB 1MG	5,169	5,403
TRAMADOL HCL TAB 50MG	5,087	5,238
CLONAZEPAM TAB 1MG	4,934	5,062
CLONAZEPAM TAB 0.5MG	5,063	5,037
Aspirin Tab Delayed Release 81 MG	4,957	4,931
CLONIDINE TAB 0.1MG	4,729	4,898
CYCLOBENZAPR TAB 10MG	4,558	4,620
ALPRAZOLAM TAB 0.5MG	4,427	4,546
ALPRAZOLAM TAB 1MG	4,001	4,154
FLUOXETINE CAP 20MG	4,169	4,127
Acetaminophen Tab 500 MG	4,041	4,116
AZITHROMYCIN TAB 250MG	4,853	4,115
IBUPROFEN TAB 800MG	3,799	4,036
ALBUTEROL NEB 0.083%	4,870	4,010
AMOXICILLIN SUS 400/5ML	5,182	4,006
SINGULAIR TAB 10MG	3,910	3,961
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	3,740	3,899
AZITHROMYCIN SUS 200/5ML	5,179	3,809
CEPHALEXIN CAP 500MG	3,710	3,741
AMOXICILLIN SUS 250/5ML	4,502	3,702
Sennosides-Docusate Sodium Tab 8.6-50 MG	3,599	3,638
Aspirin Chew Tab 81 MG	3,494	3,465
SERTRALINE TAB 100MG	3,468	3,461
SMZ/TMP DS TAB 800-160	2,799	3,265
CONCERTA TAB 36MG	3,235	3,203
GUANFACINE TAB 1MG	3,024	3,108
SINGULAIR CHW 5MG	3,128	3,047
VENTOLIN HFA AER	2,721	2,993

AI ICILLIN CAP 500MG	3,128	2,979
TRAZODONE TAB 50MG	2,853	2,969
ALPRAZOLAM TAB 0.25MG	2,862	2,949
FOLIC ACID TAB 1MG	2,890	2,904
HYDROCO/APAP TAB 7.5-500	2,675	2,784
FLUTICASONE SPR 50MCG	2,660	2,749
OXYCOD/APAP TAB 5-325MG	2,588	2,747
TRAZODONE TAB 100MG	2,719	2,732
OMEPRAZOLE CAP 20MG	2,638	2,726
Cetirizine HCl Tab 10 MG	2,642	2,691
CONCERTA TAB 54MG	2,661	2,606
METFORMIN TAB 500MG	2,516	2,493
Permethrin Lotion 1%	1,719	2,475
SMZ-TMP SUS 200-40/5	2,334	2,475
CITALOPRAM TAB 20MG	2,389	2,414
RISPERIDONE TAB 1MG	2,356	2,356
ZOLPIDEM TAB 10MG	2,325	2,357
CEPHALEXIN SUS 250/5ML	2,178	2,350
CITALOPRAM TAB 40MG	2,207	2,254
NAPROXEN TAB 500MG	2,170	2,217
GABAPENTIN CAP 300MG	2,109	2,186
SINGULAIR CHW 4MG	2,420	2,177
APAP/CODEINE TAB 300-30MG	2,143	2,136
SERTRALINE TAB 50MG	2,131	2,102
HYDROCHLOROT TAB 25MG	2,117	2,099
ADDERALL XR CAP 20MG	2,182	2,094
SIMVASTATIN TAB 20MG	2,049	2,094
SIMVASTATIN TAB 40MG	2,118	2,079
PROPO-N/APAP TAB 100-650	2,141	2,073
DIAZEPAM TAB 5MG	1,996	2,017
PREDNISONE TAB 20MG	2,064	2,013
PREVACID CAP 30MG DR	2,008	1,996
CHERATUSSIN SYP AC	2,931	1,978
Sennosides Tab 8.6 MG	1,933	1,962
LISINOPRIL TAB 10MG	1,983	1,955
METRONIDAZOL TAB 500MG	1,910	1,949
Aspirin Tab Delayed Release 325 MG	1,958	1,948
PREDNISOLONE SOL 15MG/5ML	3,800	1,940
CYMBALTA CAP 60MG	1,934	1,911
PRENATAL TAB PLUS	1,966	1,900
RISPERIDONE TAB 0.5MG	1,812	1,890

H OCO/APAP TAB 5-325MG	1,574	1,802
FLUCONAZOLE TAB 150MG	1,744	1,797
Loratadine Syrup 5 MG/5ML	2,278	1,789
AZITHROMYCIN SUS 100/5ML	2,525	1,787
TRIAMCINOLON CRE 0.1%	1,730	1,782
ADDERALL XR CAP 30MG	1,807	1,767
FUROSEMIDE TAB 40MG	1,784	1,755
CIPROFLOXACN TAB 500MG	1,490	1,710
MUPIROCIN OIN 2%	1,406	1,690
ADVAIR DISKU AER 250/50	1,645	1,687
PROMETHAZINE TAB 25MG	1,675	1,659
LISINOPRIL TAB 20MG	1,577	1,668
ABILIFY TAB 5MG	1,534	1,595
METFORMIN TAB 1000MG	1,557	1,590
HYDROCO/APAP TAB 10-325MG	1,433	1,581
CIPRODEX SUS 0.3-0.1%	1,254	1,571
PROVENTIL AER HFA	1,433	1,547
AMOX/K CLAV TAB 875MG	1,593	1,538
Polyethylene Glycol 3350 Oral Powder	1,599	1,514
TRINESSA TAB	1,474	1,508
CYANOCOBALAM INJ 1000MCG	1,453	1,484
IBUPROFEN TAB 600MG	1,321	1,475
NASONEX SPR 50MCG/AC	1,809	1,471
HYDROXYZ PAM CAP 25MG	1,310	1,437

Iowa Medicaid DUR Program

Bi-Monthly Statistics

	July/August 2010	September/October 2010	% CHANGE
Total Paid Amount	$36,826,437	$36,873,295	0.1%
Unique Users	146,037	157,166	7.6%
Cost Per User	$252.17	$234.61	-7.0%
Total Prescriptions	625,561.0	653,969.0	4.5%
Average Prescriptions Per User	4.28	4.16	-2.8%
Average Cost Per Prescription	$58.87	$56.38	-4.2%
# Generic Prescriptions	467,203	495,482	6.1%
% Generic	74.7%	75.8%	1.4%
$ Generic	$5,330,736	$5,763,764	8.1%
Average Generic Prescription Cost	$11.41	$11.63	1.9%
Average Days Supply	21	20	-4.8%
# Brand Prescriptions	158,358	158,487	0.1%
% Brand	25.3%	24.2%	-4.3%
$ Brand	$31,495,702	$31,109,530	-1.2%
Average Brand Prescription Cost	$198.89	$196.29	-1.3%
Average Days Supply	26	26	0.0%

Utilization by Age

Age	July/August 2010	September/October 2010
0-6	30,261	36,609
7-12	21,721	23,806
13-18	20,056	22,105
19-64	62,239	63,030
65+	11,728	11,616
	146,037	157,166

Utilization by Gender and Age

Gender	Age	July/August 2010	September/October 2010
F			
	0-6	13,270	17,151
	7-12	9,625	10,434
	13-18	10,745	11,816
	19-64	44,502	45,125
	65+	8,863	8,775
		88,005	93,301
M			
	0-6	15,991	19,458
	7-12	12,096	13,372
	13-18	9,343	10,289
	19-64	17,737	17,905
	65+	2,865	2,841
		58,032	63,865

Top 20 Therapeutic Class by Paid Amount

Category Description	July/August 2010	Rank	% Budget	September/October 2010	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	$6,697,730	1	18.2%	$6,532,814	1	17.7%	-2.5%
STIMULANTS - AMPHETAMINES - LONG ACTING	$2,340,513	2	6.4%	$2,500,475	2	6.8%	6.8%
ANTIDEPRESSANTS - SELECTED SSRIS	$1,932,176	4	5.2%	$1,896,615	3	5.1%	-1.8%
ANTICONVULSANTS	$1,956,917	3	5.3%	$1,814,512	4	4.9%	-7.3%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	$1,550,720	5	4.2%	$1,714,643	5	4.7%	10.6%
ANTIHEMOPHILIC AGENTS	$1,300,456	6	3.5%	$1,500,816	6	4.1%	15.4%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	$1,173,895	7	3.2%	$1,321,161	7	3.6%	12.5%
ANTIASTHMATIC - ADRENERGIC COMBOS	$959,886	8	2.6%	$1,005,871	8	2.7%	4.8%
GI - PROTON PUMP INHIBITOR	$914,693	9	2.5%	$875,157	9	2.4%	-4.4%
ANTIASTHMATIC - BETA - ADRENERGICS	$695,745	11	1.9%	$835,947	10	2.3%	20.2%
DIABETIC - INSULIN	$739,231	10	2.0%	$745,752	11	2.0%	0.9%
STIMULANTS - METHYLPHENIDATE	$599,785	12	1.6%	$650,068	12	1.8%	8.4%
ANTIASTHMATIC - STEROID INHALANTS	$464,162	17	1.3%	$605,410	13	1.6%	25.0%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	$531,148	14	1.4%	$563,397	14	1.5%	6.1%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	$588,548	13	1.6%	$560,583	15	1.5%	-4.8%
MULTIPLE SCLEROSIS AGENTS	$511,240	16	1.4%	$486,593	16	1.3%	-4.8%
NARCOTICS LONG ACTING	$439,285	18	1.2%	$411,015	17	1.1%	-6.4%
NARCOTICS - MISC.	$399,403	19	1.1%	$387,245	18	1.1%	-3.0%
GROWTH HORMONE	$399,314	20	1.1%	$386,504	19	1.0%	-3.2%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	$196,349	37	0.5%	$361,757	20	1.0%	84.2%

Top 20 Therapeutic Class by Prescription Count

Category Description	July/August 2010	Prev Rank	September/October 2010	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRIs	45,637	1	45,540	1	-0.21%
NARCOTICS - MISC.	32,620	2	31,902	2	-2.20%
ANTICONVULSANTS	32,512	3	31,710	3	-2.47%
ANXIOLYTICS - BENZODIAZEPINES	30,453	4	29,682	4	-2.53%
BETA-LACTAMS / CLAVULANATE COMBO'S	18,479	7	25,118	5	35.93%
ANALGESICS - MISC.	24,009	5	24,052	6	0.18%
ANTIASTHMATIC - BETA - ADRENERGICS	17,555	8	22,775	7	29.74%
ANTIPSYCHOTICS - ATYPICALS	22,985	6	22,541	8	-1.93%
MACROLIDES / ERYTHROMYCINS / KETOLIDES	11,186	12	20,909	9	86.92%
ANTIHISTAMINES - NON-SEDATING	16,038	9	18,030	10	12.42%
STIMULANTS - AMPHETAMINES - LONG ACTING	12,698	10	13,816	11	8.80%
CEPHALOSPORINS	10,901	13	12,776	12	17.22%
NSAIDS	12,018	11	12,517	13	4.15%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	8,788	19	11,918	14	35.62%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	9,686	16	10,533	15	8.74%
ANTIHYPERTENSIVES - CENTRAL	10,303	15	10,525	16	2.16%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	9,547	17	10,479	17	9.76%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,544	14	10,313	18	-2.19%
GI - H2 ANTAGONISTS	9,284	18	9,212	19	-0.78%
GI - PROTON PUMP INHIBITOR	8,733	21	8,728	20	-0.06%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount July/August 2010	Paid Amount September/October	Percent Change
ABILIFY TAB 5MG	$667,051.87	$667,764.90	0.10%
CONCERTA TAB 36MG	$615,673.28	$685,861.12	11.40%
ABILIFY TAB 10MG	$574,519.89	$567,514.37	-1.22%
ADDERALL XR CAP 20MG	$537,875.46	$557,191.34	3.59%
LEXAPRO TAB 20MG	$528,860.90	$531,475.67	0.49%
SINGULAIR TAB 10MG	$493,985.72	$516,821.75	4.62%
SEROQUEL TAB 300MG	$460,973.16	$436,138.93	-5.39%
ABILIFY TAB 20MG	$456,123.91	$432,239.87	-5.24%
CONCERTA TAB 54MG	$445,617.50	$452,424.82	1.53%
ADDERALL XR CAP 30MG	$412,089.38	$422,635.72	2.56%
SEROQUEL TAB 200MG	$411,622.11	$396,097.84	-3.77%
PREVACID CAP 30MG DR	$396,915.19	$395,908.45	-0.25%
SINGULAIR CHW 5MG	$371,116.03	$427,241.42	15.12%
ADVAIR DISKU AER 250/50	$358,005.02	$368,428.53	2.91%
ACTOS TAB 15MG	$351,012.09	$330,390.63	-5.87%
PROAIR HFA AER	$350,591.71	$400,352.14	14.19%
ABILIFY TAB 15MG	$340,265.80	$342,846.78	0.76%
ZYPREXA TAB 20MG	$319,030.70	$331,943.27	4.05%
CYMBALTA CAP 60MG	$318,084.47	$324,483.82	2.01%
SEROQUEL TAB 100MG	$316,624.35	$296,404.43	-6.39%
ABILIFY TAB 30MG	$315,980.90	$307,655.97	-2.63%
GEODON CAP 60MG	$285,929.21	$270,446.43	-5.41%
ADVATE INJ 1000UNIT	$282,057.73	$238,894.01	-15.31%
NOVOLOG INJ 100/ML	$270,931.04	$266,571.59	-1.61%
SINGULAIR CHW 4MG	$266,565.05	$318,381.66	19.44%
SEROQUEL TAB 400MG	$261,066.28	$254,150.22	-2.65%
ABILIFY TAB 2MG	$255,323.42	$255,826.66	0.20%
SEROQUEL TAB 50MG	$228,451.48	$221,012.50	-3.26%
LEVEMIR INJ	$224,157.18	$210,929.71	-5.90%
PROTONIX TAB 40MG	$221,891.49	$220,921.39	-0.44%
PLAVIX TAB 75MG	$218,892.20	$222,048.39	1.44%
DEPAKOTE ER TAB 500MG	$212,564.25	$161,567.57	-23.99%
RECOMBINATE INJ 501-1240	$210,659.56	$308,068.64	46.25%
SPIRIVA CAP HANDIHLR	$208,186.79	$202,266.02	-2.84%
ADVATE INJ 3000UNIT	$201,936.05	$135,858.10	-32.72%
LANTUS INJ 100/ML	$200,173.87	$216,101.17	7.96%

VENLAFAXINE TAB 150MG ER	$194,651.26	$195,108.21	0.23%
ADDERALL XR CAP 10MG	$192,385.16	$199,918.55	3.92%
CYMBALTA CAP 30MG	$191,289.34	$197,341.32	3.11%
COPAXONE KIT 20MG/ML	$187,807.74	$163,170.04	-13.12%
CIPRODEX SUS 0.3-0.1%	$182,542.39	$119,998.77	-34.27%
ADVATE INJ 1500UNIT	$182,217.11	$198,979.04	9.20%
ZYPREXA TAB 15MG	$174,563.05	$156,004.23	-10.63%
VYVANSE CAP 50MG	$171,573.42	$186,024.21	8.42%
VYVANSE CAP 30MG	$167,792.23	$188,155.37	12.14%
ADVAIR DISKU AER 500/50	$167,577.01	$174,358.95	4.05%
ADDERALL XR CAP 25MG	$162,591.70	$170,099.46	4.55%
FOCALIN XR CAP 20MG	$162,024.99	$175,544.13	8.34%
CONCERTA TAB 27MG	$160,642.44	$184,779.31	15.03%
ADDERALL XR CAP 15MG	$160,382.59	$182,725.33	13.93%
COMBIVENT AER	$156,782.58	$162,441.58	3.61%
NASONEX SPR 50MCG/AC	$151,268.28	$178,117.89	17.76%
TRICOR TAB 145MG	$150,395.70	$148,124.88	-1.51%
RISPERDAL INJ 50MG	$149,918.70	$159,301.60	6.26%
ADVATE INJ 500UNIT	$145,977.13	$133,784.17	-8.35%
GEODON CAP 60MG	$145,611.96	$148,841.43	2.22%
ZYPREXA TAB 10MG	$140,776.51	$127,461.97	-9.47%
VYVANSE CAP 70MG	$140,562.41	$146,564.66	4.27%
VYVANSE CAP 40MG	$134,914.29	$152,698.87	13.18%
VALTREX TAB 1GM	$133,085.10	$119,083.03	-10.52%
CONCERTA TAB 18MG	$128,201.82	$161,268.17	25.79%
GEODON CAP 40MG	$127,849.38	$128,594.09	0.58%
VALTREX TAB 500MG	$127,155.06	$128,116.83	0.76%
GENOTROPIN INJ 12MG	$123,269.38	$125,533.92	1.84%
PULMOZYME SOL 1MG/ML	$121,195.99	$117,495.59	-3.01%
LEVAQUIN TAB 500MG	$120,365.75	$158,351.17	31.56%
STRATTERA CAP 40MG	$117,892.46	$117,822.23	-0.06%
SEROQUEL TAB 25MG	$116,633.18	$107,151.12	-8.05%
AVONEX PREFL KIT 30MCG	$116,464.28	$90,364.32	-22.41%
PULMICORT SUS 0.5MG/2	$115,668.28	$176,535.65	52.62%
LIPITOR TAB 20MG	$115,289.36	$110,421.76	-4.22%
TOBI NEB 300/5ML	$113,823.47	$87,434.13	-23.18%
REBIF INJ 44/0.5	$113,502.13	$125,120.95	10.24%
FOCALIN XR CAP 15MG	$111,723.79	$112,858.32	1.02%
VENTOLIN HFA AER	$110,298.54	$144,349.47	30.87%
TOPAMAX TAB 100MG	$108,625.27	$98,354.78	-9.45%

HUMALOG INJ 100/ML	$108,593.79	$101,998.61	-6.12%
FOCALIN XR CAP 10MG	$105,386.74	$112,436.02	6.69%
PEGASYS KIT	$103,259.76	$91,003.54	-11.87%
LIPITOR TAB 40MG	$103,025.95	$92,501.18	-10.22%
SYMBICORT AER 160-4.5	$98,609.19	$104,618.17	6.09%
FLUTICASONE SPR 50MCG	$94,862.49	$125,056.40	31.83%
NUTROPIN AQ INJ 10MG/2ML	$93,786.73	$85,848.31	-8.46%
INVEGA TAB 6MG	$93,433.06	$88,270.79	-5.53%
AZITHROMYCIN SUS 200/5ML	$93,058.75	$189,542.21	103.68%
HUMIRA PEN KIT 40MG/0.8	$92,456.62	$90,688.62	-1.91%
ELAPRASE INJ 6MG/3ML	$89,814.82	$89,814.82	0.00%
STRATTERA CAP 25MG	$87,970.02	$98,075.09	11.49%
ADVAIR DISKU AER 100/50	$86,879.89	$92,183.94	6.11%
VYVANSE CAP 60MG	$86,323.87	$94,056.45	8.96%
RISPERDAL INJ 37.5MG	$86,234.81	$81,869.79	-5.07%
ZETIA TAB 10MG	$84,967.14	$81,539.84	-4.03%
PREVACID TAB 15MG STB	$84,908.76	$57,857.80	-31.85%
DIASTAT ACDL GEL 5-10MG	$83,511.99	$67,343.21	-19.36%
VYVANSE CAP 20MG	$81,355.65	$93,648.14	15.07%
NUVARING MIS	$79,505.62	$74,352.82	-6.48%
ENBREL INJ 50MG/ML	$76,049.12	$64,048.48	-15.94%
ENBREL SRCLK INJ 50MG/ML	$74,758.35	$81,828.92	9.46%
ATRIPLA TAB	$73,647.19	$82,807.95	12.44%
PROVENTIL AER HFA	$73,501.08	$82,399.25	12.09%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count July/August 2010	Prescription Count September/October 2010
HYDROCO/APAP TAB 5-500MG	11,221	10,980
Loratadine Tab 10 MG	9,766	10,346
PROAIR HFA AER	7,729	8,612
AZITHROMYCIN TAB 250MG	4,115	8,068
AZITHROMYCIN SUS 200/5ML	3,821	7,809
ALBUTEROL NEB 0.083%	4,015	6,435
LORAZEPAM TAB 0.5MG	6,627	6,434
AMOXICILLIN SUS 400/5ML	4,015	5,973
LEXAPRO TAB 20MG	6,041	5,671
Acetaminophen Tab 325 MG	5,553	5,661
RANITIDINE TAB 150MG	5,426	5,344
LORAZEPAM TAB 1MG	5,443	5,320
TRAMADOL HCL TAB 50MG	5,247	5,235
AMOXICILLIN SUS 250/5ML	3,714	5,214
Aspirin Tab Delayed Release 81 MG	5,051	4,965
CLONIDINE TAB 0.1MG	4,909	4,956
CLONAZEPAM TAB 1MG	5,114	4,946
CLONAZEPAM TAB 0.5MG	5,076	4,940
CHERATUSSIN SYP AC	1,975	4,902
CYCLOBENZAPR TAB 10MG	4,618	4,733
ALPRAZOLAM TAB 0.5MG	4,560	4,505
FLUOXETINE CAP 20MG	4,139	4,232
Acetaminophen Tab 500 MG	4,211	4,182
ALPRAZOLAM TAB 1MG	4,162	4,061
SINGULAIR TAB 10MG	3,974	4,044
IBUPROFEN TAB 800MG	4,037	3,997
CEPHALEXIN CAP 500MG	3,734	3,941
VENTOLIN HFA AER	2,994	3,893
AMOXICILLIN CAP 500MG	2,991	3,868
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	3,961	3,856
Sennosides-Docusate Sodium Tab 8.6-50 MG	3,720	3,740
FLUTICASONE SPR 50MCG	2,752	3,587
Aspirin Chew Tab 81 MG	3,552	3,517
CONCERTA TAB 36MG	3,205	3,478
SINGULAIR CHW 5MG	3,044	3,434

SERTRALINE TAB 100MG	3,481	3,433
PREDNISOLONE SOL 15MG/5ML	2,768	3,285
Cetirizine HCl Tab 10 MG	2,716	3,277
GUANFACINE TAB 1MG	3,120	3,277
TRAZODONE TAB 50MG	2,988	3,210
SMZ/TMP DS TAB 800-160	3,271	3,202
FOLIC ACID TAB 1MG	2,932	2,891
AZITHROMYCIN SUS 100/5ML	1,792	2,885
PREDNISONE TAB 20MG	2,017	2,683
CONCERTA TAB 54MG	2,615	2,761
ALPRAZOLAM TAB 0.25MG	2,983	2,757
OMEPRAZOLE CAP 20MG	2,731	2,748
HYDROCO/APAP TAB 7.5-500	2,787	2,708
OXYCOD/APAP TAB 5-325MG	2,751	2,694
TRAZODONE TAB 100MG	2,750	2,626
SINGULAIR CHW 4MG	2,776	2,535
CITALOPRAM TAB 20MG	2,419	2,476
METFORMIN TAB 500MG	2,493	2,443
NAPROXEN TAB 500MG	2,222	2,379
Loratadine Syrup 5 MG/5ML	1,789	2,374
RISPERIDONE TAB 1MG	2,364	2,357
CEPHALEXIN SUS 250/5ML	2,358	2,327
APAP/CODEINE TAB 300-30MG	2,138	2,308
CITALOPRAM TAB 40MG	2,261	2,299
SMZ-TMP SUS 200-40/5	2,481	2,286
ZOLPIDEM TAB 10MG	2,356	2,248
ADDERALL XR CAP 20MG	2,095	2,224
GABAPENTIN CAP 300MG	2,191	2,196
SIMVASTATIN TAB 40MG	2,081	2,126
SERTRALINE TAB 50MG	2,107	2,121
Sennosides Tab 8.6 MG	2,011	2,087
SIMVASTATIN TAB 20MG	2,093	2,082
HYDROCHLOROT TAB 25MG	2,115	2,046
AMOX/K CLAV TAB 875MG	1,540	2,039
PREVACID CAP 30MG DR	2,000	2,014
DIAZEPAM TAB 5MG	2,028	2,006
Permethrin Lotion 1%	2,471	1,999
FLUCONAZOLE TAB 150MG	1,798	1,981
RISPERIDONE TAB 0.5MG	1,906	1,953
CEFDINIR SUS 250/5ML	1,297	1,945
LISINOPRIL TAB 10MG	1,961	1,932

METRONIDAZOL TAB 500MG	1,952	1,908
PRENATAL TAB PLUS	1,896	1,802
PROPO-N/APAP TAB 100-650	2,078	1,900
Aspirin Tab Delayed Release 325 MG	1,977	1,891
ADDERALL XR CAP 30MG	1,769	1,845
CYMBALTA CAP 60MG	1,919	1,837
HYDROCO/APAP TAB 5-325MG	1,804	1,817
CEFDINIR SUS 125/5ML	1,338	1,750
PERMETHRIN CRE 5%	1,390	1,745
ADVAIR DISKU AER 250/50	1,690	1,744
NASONEX SPR 50MCG/AC	1,472	1,733
PROMETHAZINE TAB 25MG	1,667	1,719
PROVENTIL AER HFA	1,550	1,710
FUROSEMIDE TAB 40MG	1,768	1,666
LISINOPRIL TAB 20MG	1,677	1,638
CIPROFLOXACN TAB 500MG	1,714	1,616
Polyethylene Glycol 3350 Oral Powder	1,515	1,613
HYDROCO/APAP TAB 10-325MG	1,594	1,605
ABILIFY TAB 5MG	1,604	1,599
METFORMIN TAB 1000MG	1,594	1,583
TRIAMCINOLON CRE 0.1%	1,779	1,559
IBUPROFEN TAB 600MG	1,470	1,525
MUPIROCIN OIN 2%	1,691	1,513
Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML)	1,182	1,504

Iowa Medicaid DUR Program

Bi-Monthly Statistics

	September/October 2010	November/December 2010	% CHANGE
Total Paid Amount	$37,469,896	$39,971,524	6.7%
Unique Users	157,251	159,534	1.5%
Cost Per User	$238.28	$250.55	5.1%
Total Prescriptions	658,615.0	667,783.0	1.4%
Average Prescriptions Per User	4.19	4.19	0.0%
Average Cost Per Prescription	$56.87	$59.86	5.3%
# Generic Prescriptions	496,091	509,108	2.6%
% Generic	75.3%	76.2%	1.2%
$ Generic	$5,766,161	$5,970,049	3.5%
Average Generic Prescription Cost	$11.63	$11.73	0.9%
Average Days Supply	20	21	5.0%
# Brand Prescriptions	162,724	158,675	-2.5%
% Brand	24.7%	23.8%	-3.8%
$ Brand	$31,701,735	$34,001,475	7.3%
Average Brand Prescription Cost	$194.82	$214.26	10.0%
Average Days Supply	26	26	0.0%

Utilization by Age

Age	September/October 2010	November/December 2010
0-6	36,660	41,129
7-12	23,813	24,088
13-18	22,139	21,555
19-64	62,923	51,481
65+	11,720	11,280
	157,251	159,534

Utilization by Gender and Age

Gender	Age	September/October 2010	November/December 2010
F			
	0-6	17,173	19,355
	7-12	10,442	10,590
	13-18	11,331	11,709
	19-64	44,999	43,890
	65+	8,837	8,496
		93,282	94,040
M			
	0-6	19,487	21,774
	7-12	13,371	13,498
	13-18	10,304	9,847
	19-64	17,924	17,591
	65+	2,883	2,784
		63,969	65,494

Top 20 Therapeutic Class by Paid Amount

Category Description	September/October 2010	Rank	% Budget	November/December 2010	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	$6,542,346	1	17.5%	$6,759,900	1	16.9%	3.3%
STIMULANTS - AMPHETAMINES - LONG ACTING	$2,500,664	2	6.7%	$2,604,422	2	6.5%	4.1%
ANTIDEPRESSANTS - SELECTED SSRI's	$1,896,136	3	5.1%	$1,956,677	3	4.9%	3.7%
ANTIHEMOPHILIC AGENTS	$1,630,050	6	4.4%	$1,956,386	4	4.9%	20.0%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	$1,714,407	5	4.6%	$1,924,343	5	4.8%	12.2%
ANTICONVULSANTS	$1,817,735	4	4.9%	$1,820,953	6	4.6%	0.2%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	$1,319,863	7	3.5%	$1,245,761	8	3.1%	-5.6%
ANTIASTHMATIC - ADRENERGIC COMBOS	$1,005,208	8	2.7%	$981,718	9	2.5%	-2.3%
GI - PROTON PUMP INHIBITOR	$874,025	9	2.3%	$877,352	10	2.2%	0.4%
ANTIASTHMATIC - BETA - ADRENERGICS	$834,495	10	2.2%	$760,589	11	1.9%	-8.9%
DIABETIC - INSULIN	$702,073	11	1.9%	$744,977	12	1.9%	6.1%
STIMULANTS - METHYLPHENIDATE	$650,104	12	1.7%	$668,276	13	1.7%	2.8%
ANTIASTHMATIC - STEROID INHALANTS	$603,347	13	1.6%	$648,737	14	1.6%	7.5%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	$563,110	14	1.5%	$585,685	15	1.5%	4.0%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	$559,457	15	1.5%	$583,600	16	1.5%	4.3%
MULTIPLE SCLEROSIS AGENTS	$480,995	17	1.3%	$481,450	17	1.2%	0.1%
NARCOTICS-LONG ACTING	$415,734	18	1.1%	$434,935	18	1.1%	4.6%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	$361,874	22	1.0%	$415,707	19	1.0%	14.9%
DIABETIC - INSULIN PENFILLS	$383,144	21	1.0%	$409,362	20	1.0%	6.8%

Top 20 Therapeutic Class by Prescription Count

Category Description	September/October 2010	Prev Rank	November/December 2010	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRI's	45,537	1	47,297	1	3.86%
ANTICONVULSANTS	31,779	3	33,038	2	3.96%
NARCOTICS - MISC	31,877	2	30,909	3	-3.04%
ANXIOLYTICS - BENZODIAZEPINES	29,763	4	30,297	4	1.79%
BETA-LACTAMS / CLAVULANATE COMBO'S	25,125	5	28,809	5	14.66%
ANALGESICS - MISC.	24,303	6	24,020	6	-1.16%
ANTIPSYCHOTICS - ATYPICALS	22,605	8	23,678	7	4.75%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	20,898	9	23,016	8	10.13%
ANTIASTHMATIC - BETA - ADRENERGICS	22,756	7	21,157	9	-7.03%
ANTIHISTAMINES - NON-SEDATING	18,051	10	15,745	10	-12.77%
STIMULANTS - AMPHETAMINES - LONG ACTING	13,815	11	14,407	11	4.29%
CEPHALOSPORINS	12,781	12	14,054	12	9.96%
NSAIDS	12,504	13	12,114	13	-3.12%
ANTIHYPERTENSIVES - CENTRAL	10,538	15	11,354	14	7.74%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	11,935	14	11,119	15	-6.82%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	10,536	16	11,099	16	5.34%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,322	18	10,864	17	5.25%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	10,472	17	9,882	18	-5.63%
GI - H2 ANTAGONISTS	9,213	19	9,763	19	5.97%
GI - PROTON PUMP INHIBITOR	8,732	20	8,938	20	2.36%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount September/October 2010	Paid Amount November/December 2010	Percent Change
CONCERTA TAB 36MG	$685,513.72	$761,224.77	11.03%
ABILIFY TAB 5MG	$667,065.70	$709,204.32	6.32%
ADDERALL XR CAP 20MG	$558,154.99	$580,678.58	4.04%
ABILIFY TAB 10MG	$567,299.11	$573,718.49	1.13%
LEXAPRO TAB 20MG	$531,470.27	$556,255.01	6.55%
CONCERTA TAB 54MG	$482,448.26	$550,744.78	14.16%
SINGULAIR TAB 10MG	$515,945.28	$502,795.42	-2.55%
ADDERALL XR CAP 30MG	$422,446.49	$434,910.31	2.95%
ABILIFY TAB 20MG	$432,622.59	$429,390.04	-0.79%
SEROQUEL TAB 300MG	$436,464.53	$423,820.23	-2.90%
ADVATE INJ 1500UNIT	$198,979.04	$402,061.92	102.05%
SINGULAIR CHW 5MG	$427,198.22	$394,033.11	-7.76%
PREVACID CAP 30MG DR	$395,250.87	$393,139.66	-0.54%
SEROQUEL TAB 200MG	$397,161.00	$384,111.55	-3.29%
ACTOS TAB 15MG	$330,081.69	$372,591.44	12.88%
ABILIFY TAB 15MG	$343,233.76	$368,649.68	7.40%
ADVAIR DISKU AER 250/50	$367,226.20	$356,862.84	-2.82%
ZYPREXA TAB 20MG	$332,777.88	$352,066.24	5.80%
CYMBALTA CAP 60MG	$324,535.76	$350,497.20	8.00%
PROAIR HFA AER	$399,693.82	$344,203.78	-13.88%
ABILIFY TAB 30MG	$308,858.11	$323,176.05	4.64%
SEROQUEL TAB 400MG	$255,595.20	$306,757.17	20.02%
SINGULAIR CHW 4MG	$317,963.41	$294,638.31	-7.28%
SEROQUEL TAB 100MG	$296,227.67	$293,976.35	-0.76%
GEODON CAP 80MG	$271,872.11	$289,960.53	6.65%
NOVOLOG INJ 100/ML	$266,049.12	$275,573.64	3.58%
ABILIFY TAB 2MG	$255,626.56	$257,649.40	0.71%
PROTONIX TAB 40MG	$220,475.05	$238,987.63	8.40%
LANTUS INJ 100/ML	$218,345.70	$232,177.84	7.32%
AZITHROMYCIN SUS 200/5ML	$189,697.70	$228,861.53	20.65%
PLAVIX TAB 75MG	$221,528.49	$227,362.58	2.63%
SEROQUEL TAB 50MG	$220,392.02	$225,042.92	2.11%
CONCERTA TAB 27MG	$185,118.58	$221,482.57	19.64%
LEVEMIR INJ	$210,634.65	$215,494.12	2.31%
SPIRIVA CAP HANDIHLR	$202,224.78	$214,105.93	5.88%
ADVATE INJ 1000UNIT	$238,864.01	$210,960.13	-11.69%

ADDERALL XR CAP 10MG	$193,919.55	$210,361.39	5.22%
VENLAFAXINE TAB 150MG ER	$195,113.46	$202,142.91	3.60%
VYVANSE CAP 30MG	$187,863.19	$199,729.66	6.32%
ADVATE INJ 3000UNIT	$135,858.10	$199,166.96	46.60%
ADDERALL XR CAP 15MG	$182,725.33	$194,556.91	6.69%
CONCERTA TAB 18MG	$161,268.17	$188,990.85	17.19%
PULMICORT SUS 0.5MG/2	$175,296.66	$187,779.79	6.51%
VYVANSE CAP 50MG	$166,170.30	$164,024.67	-1.15%
CYMBALTA CAP 30MG	$196,810.18	$180,342.58	-8.37%
ZYPREXA TAB 15MG	$158,750.69	$175,625.80	10.63%
RISPERDAL INJ 50MG	$158,253.70	$175,512.74	10.91%
ADDERALL XR CAP 25MG	$169,905.19	$174,611.68	2.77%
FOCALIN XR CAP 20MG	$175,546.63	$171,823.36	-2.12%
ADVAIR DISKU AER 500/50	$174,282.94	$166,967.11	-4.20%
VYVANSE CAP 40MG	$152,668.67	$164,778.41	7.91%
COMBIVENT AER	$162,978.42	$161,579.57	-0.86%
COPAXONE KIT 20MG/ML	$163,170.04	$159,758.58	-2.09%
LEVAQUIN TAB 500MG	$158,228.79	$157,488.54	-0.47%
TRICOR TAB 145MG	$148,354.49	$156,946.35	5.79%
VYVANSE CAP 70MG	$146,740.75	$155,416.55	5.91%
DEPAKOTE ER TAB 500MG	$161,542.66	$154,356.74	-4.45%
ADVATE INJ 500UNIT	$133,784.17	$151,796.12	13.46%
RECOMBINATE INJ 901-1240	$439,188.99	$149,999.58	-65.85%
TOBI NEB 300/5ML	$87,434.13	$146,258.20	67.28%
GEODON CAP 60MG	$147,373.52	$141,847.29	-3.75%
NASONEX SPR 50MCG/AC	$178,223.18	$140,535.14	-21.15%
ZYPREXA TAB 10MG	$128,649.22	$139,399.58	8.36%
VALTREX TAB 500MG	$126,816.87	$135,939.77	7.19%
CEFDINIR SUS 250/5ML	$98,716.90	$130,507.49	32.20%
VENTOLIN HFA AER	$144,008.65	$129,972.04	-9.75%
CIPRODEX SUS 0.3-0.1%	$119,659.39	$128,054.78	7.02%
GENOTROPIN INJ 12MG	$125,533.92	$127,629.81	1.67%
ELAPRASE INJ 6MG/3ML	$88,814.62	$125,653.02	41.48%
VALTREX TAB 1GM	$118,404.76	$125,320.12	5.84%
PULMICORT SUS 0.25MG/2	$93,519.11	$123,488.62	32.05%
PULMOZYME SOL 1MG/ML	$118,125.98	$123,233.42	4.32%
FOCALIN XR CAP 10MG	$112,436.02	$122,940.59	9.35%
GEODON CAP 40MG	$129,208.83	$122,879.33	-4.90%
STRATTERA CAP 40MG	$117,535.64	$119,644.95	1.79%
GAMUNEX INJ 10%	$95,580.75	$116,066.56	21.43%

FOCALIN XR CAP 15MG	$112,858.32	$115,971.54	2.76%
HUMALOG INJ 100/ML	$101,477.47	$114,844.04	13.17%
REBIF INJ 44/0.5	$125,120.95	$114,168.60	-8.75%
SYMBICORT AER 160-4.5	$104,493.32	$106,132.96	1.57%
LIPITOR TAB 20MG	$110,282.59	$104,491.31	-5.25%
HUMIRA PEN KIT 40MG/0.8	$90,688.62	$102,343.45	12.85%
STRATTERA CAP 25MG	$97,964.09	$100,847.64	2.94%
VYVANSE CAP 60MG	$94,056.45	$98,937.80	5.19%
FLUTICASONE SPR 50MCG	$124,790.94	$98,070.85	-21.41%
ENBREL SRCLK INJ 50MG/ML	$81,828.92	$97,294.71	18.90%
LIPITOR TAB 40MG	$92,121.95	$95,233.97	3.38%
SEROQUEL TAB 25MG	$107,711.95	$95,107.52	-11.70%
VYVANSE CAP 20MG	$93,652.76	$93,627.01	-0.03%
INVEGA TAB 6MG	$88,019.80	$91,094.91	3.49%
NUTROPIN AQ INJ 10MG/2ML	$85,846.31	$90,685.41	5.63%
TOPAMAX TAB 100MG	$100,625.57	$88,586.49	-11.96%
ZETIA TAB 10MG	$81,539.64	$87,563.75	7.39%
ADVAIR DISKU AER 100/50	$92,358.18	$85,386.37	-7.55%
AVONEX PREFL KIT 30MCG	$84,766.60	$84,377.99	-0.46%
HEMOFIL M INJ 801-1700	$178,031.08	$84,364.34	-52.61%
PROVENTIL AER HFA	$82,179.30	$69,917.42	-14.92%
PEGASYS KIT	$90,125.02	$64,439.10	-28.50%
RISPERDAL INJ 37.5MG	$81,859.79	$62,973.88	-23.07%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count September/October 2010	Prescription Count November/December 2010	Percent Change
HYDROCO/APAP TAB 5-500MG	10,945	10,847	-0.90%
AZITHROMYCIN SUS 200/5ML	7,817	9,306	19.05%
Loratadine Tab 10 MG	10,368	9,248	-10.80%
AZITHROMYCIN TAB 250MG	8,045	8,091	0.57%
PROAIR HFA AER	8,797	7,687	-12.62%
AMOXICILLIN SUS 400/5ML	5,975	7,505	25.61%
LORAZEPAM TAB 0.5MG	6,479	6,572	1.44%
ALBUTEROL NEB 0.083%	6,438	6,411	-0.42%
AMOXICILLIN SUS 250/5ML	5,222	6,094	16.70%
LEXAPRO TAB 20MG	5,876	6,026	2.55%
TRAMADOL HCL TAB 50MG	5,227	5,663	8.72%
RANITIDINE TAB 150MG	5,348	5,622	5.12%
Acetaminophen Tab 325 MG	5,761	5,459	-5.24%
LORAZEPAM TAB 1MG	5,345	5,413	1.27%
CHERATUSSIN SYP AC	4,895	5,352	9.31%
CLONIDINE TAB 0.1MG	4,957	5,228	5.47%
CLONAZEPAM TAB 1MG	4,959	5,165	3.94%
CLONAZEPAM TAB 0.5MG	4,962	5,129	3.37%
Aspirin Tab Delayed Release 81 MG	5,030	5,037	0.14%
CYCLOBENZAPR TAB 10MG	4,724	4,808	1.78%
FLUOXETINE CAP 20MG	4,235	4,508	6.33%
ALPRAZOLAM TAB 0.5MG	4,508	4,497	-0.24%
ALPRAZOLAM TAB 1MG	4,057	4,325	6.61%
Acetaminophen Tab 500 MG	4,225	4,150	-1.78%
AMOXICILLIN CAP 500MG	3,854	4,055	4.94%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	3,868	3,977	2.82%
IBUPROFEN TAB 800MG	3,993	3,966	-0.68%
SINGULAIR TAB 10MG	4,039	3,937	-2.53%
Sennosides-Docusate Sodium Tab 8.6-50 MG	3,785	3,834	1.29%
GUANFACINE TAB 1MG	3,282	3,677	12.04%
CONCERTA TAB 36MG	3,481	3,570	2.56%
CEPHALEXIN CAP 500MG	3,937	3,522	-10.54%
Aspirin Chew Tab 81 MG	3,557	3,516	-1.15%

SERTRALINE TAB 100MG	3,420	3,505	2.49%
AZITHROMYCIN SUS 100/5ML	2,891	3,499	21.05%
VENTOLIN HFA AER	3,886	3,435	-11.61%
PREDNISOLONE SOL 15MG/5ML	4,455	3,398	-23.73%
TRAZODONE TAB 50MG	3,212	3,194	-0.56%
SINGULAIR CHW 5MG	3,435	3,144	-8.47%
FOLIC ACID TAB 1MG	2,896	2,987	3.14%
FLUTICASONE SPR 50MCG	3,575	2,984	-16.53%
Cetirizine HCl Tab 10 MG	3,279	2,978	-9.18%
SMZ/TMP DS TAB 800/160	3,199	2,960	-7.47%
CONCERTA TAB 54MG	2,761	2,921	5.80%
TRAZODONE TAB 100MG	2,658	2,896	8.78%
ALPRAZOLAM TAB 0.25MG	2,760	2,863	3.73%
OMEPRAZOLE CAP 20MG	2,757	2,836	2.87%
OXYCOD/APAP TAB 5-325MG	2,686	2,695	0.34%
CITALOPRAM TAB 20MG	2,475	2,675	8.08%
CEFDINIR SUS 250/5ML	1,947	2,660	36.62%
HYDROCO/APAP TAB 7.5-500	2,701	2,617	-3.11%
METFORMIN TAB 500MG	2,438	2,560	5.00%
RISPERIDONE TAB 1MG	2,355	2,452	4.07%
SMZ-TMP SUS 200-40/5	2,287	2,429	6.21%
ZOLPIDEM TAB 10MG	2,248	2,389	6.27%
CITALOPRAM TAB 40MG	2,303	2,358	2.39%
SINGULAIR CHW 4MG	2,532	2,354	-7.03%
GABAPENTIN CAP 300MG	2,192	2,345	6.98%
PREDNISONE TAB 20MG	2,887	2,345	-18.77%
CEPHALEXIN SUS 250/5ML	2,330	2,328	-0.09%
ADDERALL XR CAP 20MG	2,227	2,319	4.13%
CEFDINIR SUS 125/5ML	1,752	2,310	31.85%
SIMVASTATIN TAB 40MG	2,120	2,270	7.08%
NAPROXEN TAB 500MG	2,371	2,216	-6.54%
SERTRALINE TAB 50MG	2,105	2,205	4.75%
SIMVASTATIN TAB 20MG	2,093	2,193	4.78%
APAP/CODEINE TAB 300-30MG	2,300	2,143	-6.83%
HYDROCHLOROT TAB 25MG	2,052	2,095	2.10%
LISINOPRIL TAB 10MG	1,943	2,072	6.64%
RISPERIDONE TAB 0.5MG	1,952	2,054	5.23%
DIAZEPAM TAB 5MG	2,014	2,053	1.94%

AMOX/K CLAV TAB 875MG	2,035	2,047	0.59%
Sennosides Tab 8.6 MG	2,102	2,043	-2.81%
PREVACID CAP 30MG DR	2,010	2,005	-0.25%
Aspirin Tab Delayed Release 325 MG	1,933	1,971	3.57%
CYMBALTA CAP 60MG	1,840	1,964	6.74%
PROMETHAZINE TAB 25MG	1,720	1,939	12.73%
HYDROCO/APAP TAB 5-325MG	1,819	1,938	6.54%
ADDERALL XR CAP 30MG	1,845	1,901	3.04%
PRENATAL TAB PLUS	1,894	1,893	-0.05%
METRONIDAZOL TAB 500MG	1,899	1,857	-2.21%
FLUCONAZOLE TAB 150MG	1,971	1,831	-7.10%
AMOX/K CLAV SUS 600/5ML	1,332	1,783	33.86%
Loratadine Syrup 5 MG/5ML	2,371	1,765	-25.56%
HYDROCO/APAP TAB 10-325MG	1,602	1,747	9.05%
LISINOPRIL TAB 20MG	1,641	1,710	4.20%
ABILIFY TAB 5MG	1,592	1,694	6.41%
ADVAIR DISKU AER 250/50	1,739	1,689	-2.88%
Polyethylene Glycol 3350 Oral Powder	1,612	1,679	4.16%
Permethrin Lotion 1%	1,991	1,675	-15.87%
FUROSEMIDE TAB 40MG	1,578	1,670	5.49%
METFORMIN TAB 1000MG	1,584	1,642	3.66%
PERMETHRIN CRE 5%	1,743	1,582	-9.24%
CYANOCOBALAM INJ 1000MCG	1,507	1,545	2.52%
CIPROFLOXACN TAB 500MG	1,613	1,522	-5.64%
TRIAMCINOLON CRE 0.1%	1,566	1,513	-2.89%
SEROQUEL TAB 100MG	1,352	1,494	9.66%
MUPIROCIN OIN 2%	1,518	1,478	-2.64%
PROVENTIL AER HFA	1,713	1,472	-14.07%
LANTUS INJ 100/ML	1,419	1,468	3.45%

Iowa Medicaid DUR Program

Bi-Monthly Statistics

	November/December 2010	January/February 2011	% CHANGE
Total Paid Amount	$40,477,904	$39,790,779	-1.7%
Unique Users	160,028	167,174	4.5%
Cost Per User	$252.94	$238.02	-5.9%
Total Prescriptions	674,306.0	661,993.0	-1.8%
Average Prescriptions Per User	4.21	3.96	-5.9%
Average Cost Per Prescription	$60.03	$60.11	0.1%
# Generic Prescriptions	510,911	509,762	-0.2%
% Generic	75.8%	77.0%	1.6%
$ Generic	$5,978,882	$5,910,979	-1.1%
Average Generic Prescription Cost	$11.70	$11.60	-0.9%
Average Days Supply	21	20	-4.8%
# Brand Prescriptions	163,395	152,231	-6.8%
% Brand	24.2%	23.0%	-5.1%
$ Brand	$34,499,022	$33,879,800	-1.8%
Average Brand Prescription Cost	$211.14	$222.56	5.4%
Average Days Supply	26	26	0.0%

Utilization by Age

Age	November/December 2010	January/February 2011
0-6	41,202	41,194
7-12	24,118	27,088
13-18	21,603	22,759
19-64	61,603	64,413
65+	11,502	11,720
	160,028	167,174

Utilization by Gender and Age

Gender	Age	November/December 2010	January/February 2011
F			
	0-6	19,394	19,606
	7-12	10,603	12,147
	13-18	11,729	11,589
	19-64	43,933	45,810
	65+	8,657	8,778
		94,316	97,930
M			
	0-6	21,808	21,588
	7-12	13,515	14,941
	13-18	9,874	11,170
	19-64	17,670	18,603
	65+	2,845	2,942
		65,712	69,244

Top 20 Therapeutic Class by Paid Amount

Category Description	November/December 2010	Rank	% Budget	January/February 2011	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	$5,767,519	1	16.7%	$6,800,478	1	17.1%	0.5%
STIMULANTS - AMPHETAMINES - LONG ACTING	$2,600,817	2	6.4%	$2,612,563	2	6.6%	0.5%
RSV PROPHYLAXIS	$1,659,285	7	4.1%	$2,270,421	3	5.7%	36.8%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	$1,928,418	5	4.8%	$2,028,994	4	5.1%	5.3%
ANTIDEPRESSANTS - SELECTED SSRIs	$1,969,027	3	4.9%	$1,839,311	5	4.6%	-6.6%
ANTICONVULSANTS	$1,820,287	6	4.5%	$1,778,715	6	4.5%	-2.3%
ANTIHEMOPHILIC AGENTS	$1,656,365	4	4.6%	$1,465,557	7	3.7%	-25.1%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	$1,245,815	8	3.1%	$1,122,647	8	2.8%	-9.9%
ANTIASTHMATIC - ADRENERGIC COMBOS	$982,707	9	2.4%	$982,861	9	2.5%	0.0%
GI - PROTON PUMP INHIBITOR	$876,276	10	2.2%	$842,032	10	2.1%	-3.9%
ANTIASTHMATIC - BETA - ADRENERGICS	$760,175	11	1.9%	$762,194	11	1.9%	0.3%
DIABETIC - INSULIN	$747,438	12	1.8%	$741,029	12	1.9%	-0.9%
STIMULANTS - METHYLPHENIDATE	$669,209	13	1.7%	$704,274	13	1.8%	5.2%
ANTIASTHMATIC - STEROID INHALANTS	$647,923	14	1.6%	$644,603	14	1.6%	-0.5%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	$584,352	16	1.4%	$591,243	15	1.5%	1.1%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	$587,072	15	1.5%	$581,160	16	1.5%	-1.0%
BETA-LACTAMS / CLAVULANATE COMBO'S	$398,182	22	1.0%	$480,587	17	1.2%	20.7%
MULTIPLE SCLEROSIS AGENTS	$481,304	18	1.2%	$465,359	18	1.2%	-3.3%
MACROLIDES / ERYTHROMYCINS / KETOLIDES	$415,115	20	1.0%	$458,207	19	1.2%	10.1%
GROWTH HORMONE	$393,056	23	1.0%	$408,296	20	1.0%	3.9%

Top 20 Therapeutic Class by Prescription Count

Category Description	November/December 2011	Prev Rank	January/February 2011	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRI's	47,369	1	45,973	1	-2.99%
BETA-LACTAMS / CLAVULANATE COMBO'S	28,846	5	34,900	2	20.99%
ANTICONVULSANTS	33,121	2	31,656	3	-4.42%
NARCOTICS - MISC.	30,968	3	29,598	4	-4.42%
ANXIOLYTICS - BENZODIAZEPINES	30,574	4	29,150	5	-4.66%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	23,039	8	24,725	6	7.32%
ANALGESICS - MISC.	24,585	6	23,606	7	-3.90%
ANTIPSYCHOTICS - ATYPICALS	23,763	7	22,424	8	-5.63%
ANTIASTHMATIC - BETA - ADRENERGICS	21,157	9	22,001	9	3.99%
CEPHALOSPORINS	14,079	12	15,974	10	13.46%
ANTIHISTAMINES - NON-SEDATING	15,805	10	14,247	11	-9.86%
STIMULANTS - AMPHETAMINES - LONG ACTING	14,420	11	13,620	12	-5.55%
NSAIDS	12,099	13	13,152	13	8.70%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	11,128	15	11,867	14	6.64%
ANTIHYPERTENSIVES - CENTRAL	11,365	14	11,080	15	-2.51%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	11,120	16	10,800	16	-2.88%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,902	17	10,379	17	-4.80%
GI - H2-ANTAGONISTS	9,782	19	9,323	18	-4.69%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	9,884	18	8,834	19	-10.62%
GI - PROTON PUMP INHIBITOR	8,052	20	8,674	20	-3.11%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount November/December 2011	Paid Amount January/February 2011	Percent Change
SYNAGIS INJ 100MG/ML	$1,402,979.64	$1,871,711.69	33.41%
CONCERTA TAB 36MG	$762,374.22	$801,223.55	5.10%
ABILIFY TAB 5MG	$710,756.73	$725,009.79	2.01%
CONCERTA TAB 54MG	$551,793.54	$575,006.71	4.39%
ADDERALL XR CAP 20MG	$579,413.76	$550,657.41	-4.96%
ABILIFY TAB 10MG	$572,578.82	$543,061.23	-5.16%
LEXAPRO TAB 20MG	$567,731.55	$541,350.59	-4.65%
SINGULAIR TAB 10MG	$502,610.42	$454,280.24	-9.62%
ADDERALL XR CAP 30MG	$434,611.33	$426,137.69	-1.95%
SEROQUEL TAB 300MG	$423,331.41	$424,477.43	0.27%
ABILIFY TAB 20MG	$428,622.33	$423,334.32	-1.23%
SEROQUEL TAB 200MG	$384,481.08	$402,867.40	4.78%
SYNAGIS INJ 50MG	$256,905.01	$398,769.41	55.20%
ABILIFY TAB 15MG	$369,075.11	$374,534.80	1.48%
PREVACID CAP 30MG DR	$392,402.08	$374,344.97	-4.60%
SINGULAIR CHW 5MG	$394,049.72	$365,340.61	-7.29%
ADVAIR DISKUAER 250/50	$357,073.42	$354,052.97	-0.84%
ZYPREXA TAB 20MG	$352,553.69	$348,616.69	-1.12%
ACTOS TAB 15MG	$373,039.30	$347,098.54	-6.95%
CYMBALTA CAP 60MG	$350,544.45	$337,562.36	-3.70%
SEROQUEL TAB 400MG	$307,732.84	$324,337.92	5.39%
PROAIR HFA AER	$344,237.03	$322,843.49	-6.21%
ABILIFY TAB 30MG	$329,134.69	$314,411.11	-2.70%
SEROQUEL TAB 100MG	$285,146.95	$307,029.42	4.03%
GEODON CAP 80MG	$292,968.13	$287,777.88	-1.77%
SINGULAIR CHW 4MG	$294,290.26	$257,583.76	-12.47%
NOVOLOG INJ 100/ML	$275,828.02	$255,162.12	-7.49%
ABILIFY TAB 2MG	$256,846.91	$252,274.97	-1.78%
AZITHROMYCIN SUS 200/5ML	$229,244.72	$249,645.96	8.90%
SEROQUEL TAB 50MG	$225,826.17	$249,567.85	10.51%
LANTUS INJ 100/ML	$233,560.63	$249,379.22	6.77%
CONCERTA TAB 27MG	$221,195.12	$240,477.30	8.72%
VYVANSE CAP 30MG	$199,587.52	$235,033.72	17.76%
PROTONIX TAB 40MG	$238,653.23	$231,419.31	-3.03%
PLAVIX TAB 75MG	$229,685.97	$219,477.65	-4.44%
SPIRIVA CAP HANDIHLR	$214,903.95	$216,334.22	0.67%

LEVEMIR INJ	$215,100.49	$208,607.41	-2.93%
VYVANSE CAP 50MG	$183,349.63	$200,634.07	9.43%
ADVATE INJ 2000UNIT	$46,019.54	$199,476.65	333.46%
CONCERTA TAB 18MG	$189,516.14	$196,280.32	3.57%
PULMICORT SUS 0.5MG/2	$187,245.00	$193,771.08	3.46%
VYVANSE CAP 40MG	$164,609.78	$186,319.36	13.19%
ZYPREXA TAB 15MG	$177,991.17	$185,346.90	4.13%
ADDERALL XR CAP 10MG	$210,101.95	$184,125.25	-12.36%
ADDERALL XR CAP 15MG	$194,609.00	$182,224.51	-6.36%
ADDERALL XR CAP 25MG	$174,425.17	$176,159.88	0.99%
VENLAFAXINE TAB 150MG ER	$202,289.92	$173,903.04	-14.06%
LEVAQUIN TAB 500MG	$157,457.13	$167,198.64	6.19%
VYVANSE CAP 70MG	$155,357.37	$165,594.77	6.59%
FOCALIN XR CAP 20MG	$172,245.53	$165,270.76	-4.05%
RISPERDAL INJ 50MG	$175,564.98	$165,027.37	-6.53%
ADVATE INJ 1000UNIT	$210,960.13	$160,667.39	-23.84%
ADVAIR DISKUAER 500/50	$167,248.11	$160,155.07	-4.24%
TRICOR TAB 145MG	$157,427.26	$158,332.61	0.58%
COMBIVENT AER	$161,351.82	$158,095.59	-2.02%
CEFDINIR SUS 250/5ML	$130,620.32	$157,310.75	20.43%
CYMBALTA CAP 30MG	$180,058.30	$152,717.88	-15.16%
COPAXONE KIT 20MG/ML	$159,758.58	$150,256.29	-5.95%
ZYPREXA TAB 10MG	$140,021.38	$146,754.58	4.82%
NASONEX SPR 50MCG/AC	$140,428.85	$143,959.26	2.51%
TAMIFLU CAP 75MG	$5,109.89	$142,338.04	2,686.82%
FOCALIN XR CAP 10MG	$123,576.63	$136,462.65	10.43%
GEODON CAP 60MG	$140,265.24	$136,398.47	-2.76%
PULMICORT SUS 0.25MG/2	$123,289.24	$132,527.04	7.49%
VENTOLIN HFA AER	$129,638.33	$132,264.66	2.02%
ADVATE INJ 3000UNIT	$199,166.96	$131,773.90	-33.84%
DEPAKOTE ER TAB 500MG	$154,183.74	$131,701.54	-14.58%
VALTREX TAB 500MG	$136,892.28	$131,076.33	-3.54%
GENOTROPIN INJ 12MG	$127,650.69	$129,464.72	1.42%
FOCALIN XR CAP 15MG	$115,971.54	$126,424.12	9.01%
GEODON CAP 40MG	$123,221.70	$123,770.21	0.45%
SYMBICORT AER 160-4.5	$106,835.69	$123,019.73	15.15%
VALTREX TAB 1GM	$124,377.64	$115,951.66	-6.77%
HUMALOG INJ 100/ML	$114,320.34	$115,303.77	0.86%
VYVANSE CAP 20MG	$93,576.42	$112,679.33	20.41%
LIPITOR TAB 20MG	$104,491.31	$111,097.42	6.32%

STRATTERA CAP 40MG	$119,575.11	$109,610.14	-8.17%
SEROQUEL TAB 25MG	$95,306.37	$109,046.94	14.42%
PULMOZYME SOL 1MG/ML	$123,233.42	$107,395.05	-12.85%
NOVOSEVEN RT INJ 1MG	$74,077.88	$106,281.88	43.47%
HUMIRA PEN KIT 40MG/0.8	$102,343.45	$105,410.56	3.00%
VYVANSE CAP 60MG	$98,664.67	$103,047.19	4.23%
LIPITOR TAB 40MG	$95,645.22	$97,105.77	1.53%
STRATTERA CAP 25MG	$100,600.07	$96,257.57	-4.32%
REBIF INJ 44/0.5	$114,168.80	$96,093.15	-15.83%
AZITHROMYCIN SUS 100/5ML	$82,538.99	$94,693.67	14.73%
NUTROPIN AQ INJ 10MG/2ML	$90,735.41	$94,695.87	4.27%
TOBI NEB 300/5ML	$146,258.20	$92,802.90	-36.55%
ADVATE INJ 1500UNIT	$402,031.92	$92,453.60	-77.00%
ENBREL SRCLK INJ 50MG/ML	$97,294.71	$92,085.48	-5.35%
AMOXICILLIN SUS 400/5ML	$55,269.03	$91,223.17	57.66%
HEMOFIL M INJ 501-1700	$84,364.34	$90,748.34	7.57%
AVONEX PREFL KIT 30MCG	$84,377.99	$89,275.49	5.80%
TOPAMAX TAB 100MG	$90,169.68	$89,184.22	-1.09%
FLUTICASONE SPR 50MCG	$98,020.66	$86,634.14	-11.62%
ATRIPLA TAB	$77,748.44	$85,131.06	9.50%
ELAPRASE INJ 6MG/3ML	$125,653.02	$83,769.68	-33.33%
INVEGA TAB 6MG	$91,532.12	$83,138.06	-9.17%
ZYPREXA TAB 5MG	$74,685.27	$82,056.93	9.88%
ZETIA TAB 10MG	$87,754.21	$77,656.25	-11.51%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count November/December 2011	Prescription Count January/February 2011	Percent Change
HYDROCO/APAP TAB 5-500MG	10,859	10,237	-5.73%
AZITHROMYCIN SUS 200/5ML	9,326	10,101	8.31%
AMOXICILLIN SUS 400/5ML	7,572	10,092	33.28%
AZITHROMYCIN TAB 250MG	8,090	8,485	4.88%
Loratadine Tab 10 MG	9,309	8,426	-9.49%
AMOXICILLIN SUS 250/5ML	6,112	7,328	19.90%
ALBUTEROL NEB 0.083%	6,405	7,294	13.88%
PROAIR HFA AER	7,690	7,266	-5.51%
CHERATUSSIN SYP AC	5,345	6,401	19.73%
LORAZEPAM TAB 0.5MG	6,685	6,239	-6.67%
TRAMADOL HCL TAB 50MG	5,695	5,709	0.25%
LEXAPRO TAB 20MG	6,044	5,673	-6.14%
PREDNISOLONE SOL 15MG/5ML	3,146	5,491	67.13%
RANITIDINE TAB 150MG	5,634	5,415	-3.89%
LORAZEPAM TAB 1MG	5,452	5,294	-2.90%
Acetaminophen Tab 325 MG	5,553	5,263	-5.22%
CLONIDINE TAB 0.1MG	5,230	5,075	-2.96%
CLONAZEPAM TAB 1MG	5,194	4,948	-4.89%
CLONAZEPAM TAB 0.5MG	5,164	4,892	-5.27%
Aspirin Tab Delayed Release 81 MG	5,160	4,720	-8.53%
AMOXICILLIN CAP 500MG	4,054	4,712	16.23%
CYCLOBENZAPR TAB 10MG	4,813	4,693	-2.49%
ALPRAZOLAM TAB 0.5MG	4,534	4,447	-1.92%
FLUOXETINE CAP 20MG	4,520	4,402	-2.61%
ALPRAZOLAM TAB 1MG	4,342	4,140	-4.65%
AZITHROMYCIN SUS 100/5ML	3,501	4,011	14.57%
Acetaminophen Tab 500 MG	4,290	3,985	-7.11%
IBUPROFEN TAB 800MG	3,960	3,942	-0.45%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	4,045	3,831	-5.29%
CEPHALEXIN CAP 500MG	3,534	3,649	3.25%
GUANFACINE TAB 1MG	3,683	3,642	-1.11%
Sennosides-Docusate Sodium Tab 8.6-50 MG	3,943	3,638	-7.74%
SINGULAIR TAB 10MG	3,940	3,546	-10.00%

CONCERTA TAB 36MG	3,579	3,476	-2.88%
Aspirin Chew Tab 81 MG	3,637	3,446	-5.25%
SERTRALINE TAB 100MG	3,511	3,338	-4.93%
CEFDINIR SUS 250/5ML	2,661	3,336	25.37%
VENTOLIN HFA AER	3,425	3,320	-3.07%
TRAZODONE TAB 50MG	3,215	3,132	-2.58%
SINGULAIR CHW 5MG	3,144	2,886	-8.21%
FLUTICASONE SER 50MCG	2,982	2,881	-3.39%
SMZ/TMP DS TAB 800-160	2,970	2,854	-3.91%
FOLIC ACID TAB 1MG	3,026	2,846	-6.01%
CONCERTA TAB 54MG	2,928	2,837	-3.11%
OMEPRAZOLE CAP 20MG	2,842	2,791	-1.69%
TRAZODONE TAB 100MG	2,900	2,787	-3.90%
CITALOPRAM TAB 20MG	2,679	2,741	2.31%
Cetirizine HCl Tab 10 MG	2,986	2,725	-8.74%
CEPHALEXIN SUS 250/5ML	2,333	2,689	15.26%
CEFDINIR SUS 125/5ML	2,310	2,659	15.11%
ALPRAZOLAM TAB 0.25MG	2,906	2,651	-8.74%
OXYCOD/APAP TAB 5-325MG	2,693	2,608	-3.16%
HYDROCO/APAP TAB 7.5-500	2,617	2,502	-4.39%
SMZ-TMP SUS 200-40/5	2,435	2,444	0.37%
METFORMIN TAB 500MG	2,567	2,443	-4.83%
RISPERIDONE TAB 1MG	2,455	2,410	-1.83%
CITALOPRAM TAB 40MG	2,363	2,374	0.47%
PREDNISONE TAB 20MG	2,353	2,321	-1.36%
ZOLPIDEM TAB 10MG	2,335	2,306	-1.31%
SIMVASTATIN TAB 40MG	2,277	2,242	-1.54%
GABAPENTIN CAP 300MG	2,339	2,240	-4.25%
HYDROCO/APAP TAB 5-325MG	1,937	2,222	14.71%
NAPROXEN TAB 500MG	2,209	2,196	-0.59%
AMOX/K CLAV TAB 875MG	2,059	2,194	6.56%
APAP/CODEINE TAB 300-30MG	2,148	2,189	1.91%
SERTRALINE TAB 50MG	2,207	2,177	-1.36%
IBUPROFEN SUS 100/5ML	1,385	2,174	56.97%
AMOX/K CLAV SUS 600/5ML	1,785	2,098	17.47%
SIMVASTATIN TAB 20MG	2,200	2,094	-4.82%
SINGULAIR CHW 4MG	2,354	2,035	-13.55%
ADDERALL XR CAP 20MG	2,322	2,028	-12.66%

HYDROCHLOROT TAB 25MG	2,103	2,017	-4.09%
Sennosides Tab 8.6 MG	2,120	1,996	-5.85%
DIAZEPAM TAB 5MG	2,055	1,970	-4.14%
LISINOPRIL TAB 10MG	2,077	1,925	-7.32%
PRENATAL TAB PLUS	1,872	1,920	2.56%
RISPERIDONE TAB 0.5MG	2,062	1,910	-7.37%
PROMETHAZINE TAB 25MG	1,937	1,902	-1.81%
PREVACID CAP 30MG DR	2,003	1,901	-5.09%
CYMBALTA CAP 60MG	1,965	1,885	-4.07%
Aspirin Tab Delayed Release 325 MG	1,996	1,844	-7.62%
FLUCONAZOLE TAB 150MG	1,831	1,819	-0.66%
Polyethylene Glycol 3350 Oral Powder	1,673	1,755	4.90%
ADDERALL XR CAP 30MG	1,902	1,745	-8.25%
METRONIDAZOL TAB 500MG	1,863	1,671	-10.31%
LISINOPRIL TAB 20MG	1,728	1,666	-3.59%
HYDROCO/APAP TAB 10-325MG	1,752	1,663	-5.08%
ABILIFY TAB 5MG	1,701	1,648	-3.12%
AMOX/K CLAV SUS 400/5ML	1,355	1,624	19.85%
METFORMIN TAB 1000MG	1,640	1,622	-1.10%
ADVAIR DISKU AER 250/50	1,690	1,600	-5.33%
TAMIFLU CAP 75MG	55	1,589	2,789.09%
VYVANSE CAP 30MG	1,461	1,588	8.69%
FUROSEMIDE TAB 40MG	1,684	1,561	-7.30%
TRIAMCINOLON CRE 0.1%	1,515	1,534	1.25%
IBUPROFEN TAB 600MG	1,436	1,521	5.92%
OMEPRAZOLE CAP 40MG	1,462	1,515	3.63%
MUPIROCIN OIN 2%	1,480	1,490	0.68%
LANTUS INJ 100/ML	1,479	1,487	0.54%

Iowa Medicaid DUR Program

Bi-Monthly Statistics

	January/February 2011	March/April 2011	% CHANGE
Total Paid Amount	$40,307,561	$40,989,248	1.7%
Unique Users	167,505	168,736	0.7%
Cost Per User	$240.63	$242.92	1.0%
Total Prescriptions	668,020.0	695,960.0	4.2%
Average Prescriptions Per User	3.99	4.12	3.3%
Average Cost Per Prescription	$60.34	$58.90	-2.4%
# Generic Prescriptions	511,856	536,503	4.8%
% Generic	76.6%	77.1%	0.6%
$ Generic	$5,926,166	$6,253,960	5.5%
Average Generic Prescription Cost	$11.58	$11.66	0.7%
Average Days Supply	20	20	0.0%
# Brand Prescriptions	156,164	159,457	2.1%
% Brand	23.4%	22.9%	-2.0%
$ Brand	$34,381,455	$34,735,288	1.0%
Average Brand Prescription Cost	$220.16	$217.83	-1.1%
Average Days Supply	26	27	3.8%

Utilization by Age

Age	January/February 2011	March/April 2011
0-6	41,264	41,979
7-12	27,106	26,507
13-18	22,781	23,033
19-64	64,304	65,404
65+	12,050	11,813
	167,505	168,736

Utilization by Gender and Age

Gender	Age	January/February 2011	March/April 2011
F			
	0-6	19,624	19,786
	7-12	12,155	11,772
	13-18	11,597	11,872
	19-64	45,672	46,621
	65+	9,012	8,882
		98,060	98,933
M			
	0-6	21,640	22,193
	7-12	14,951	14,735
	13-18	11,184	11,161
	19-64	18,632	18,783
	65+	3,038	2,931
		69,445	69,803

Top 20 Therapeutic Class by Paid Amount

Category Description	January/February 2011	Rank	% Budget	March/April 2011	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	$6,814,423	1	16.9%	$7,394,959	1	18.0%	8.5%
STIMULANTS - AMPHETAMINES - LONG ACTING	$2,604,957	2	6.5%	$2,844,015	2	6.9%	9.2%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	$2,023,014	4	5.0%	$2,209,057	3	5.4%	9.2%
ANTIDEPRESSANTS - SELECTED SSRI's	$1,835,322	5	4.6%	$1,962,803	4	4.8%	6.9%
ANTICONVULSANTS	$1,790,229	6	4.4%	$1,894,196	5	4.6%	5.8%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	$1,118,862	8	2.8%	$1,407,310	6	3.4%	25.8%
RSV PROPHYLAXIS	$2,329,207	3	5.8%	$1,171,863	7	2.9%	-49.7%
ANTIHEMOPHILIC AGENTS	$1,465,557	7	3.6%	$1,076,705	8	2.6%	-26.5%
ANTIASTHMATIC - ADRENERGIC COMBOS	$983,217	9	2.4%	$1,025,552	9	2.5%	4.7%
ANTIASTHMATIC - BETA - ADRENERGICS	$760,691	11	1.9%	$825,461	10	2.0%	8.5%
STIMULANTS - METHYLPHENIDATE	$702,469	13	1.7%	$803,266	11	2.0%	14.3%
DIABETIC - INSULIN	$740,736	12	1.8%	$784,493	12	1.9%	5.9%
GI - PROTON PUMP INHIBITOR	$838,935	10	2.1%	$755,565	13	1.8%	-9.9%
ANTIASTHMATIC - STEROID INHALANTS	$643,074	14	1.6%	$745,878	14	1.8%	16.0%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	$579,706	16	1.4%	$645,627	15	1.6%	11.4%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	$590,965	15	1.5%	$618,805	16	1.5%	4.7%
MULTIPLE SCLEROSIS AGENTS	$465,359	19	1.2%	$553,844	17	1.4%	19.0%
BETA-LACTAMS / CLAVULANATE COMBO'S	$482,576	18	1.2%	$455,098	18	1.1%	-5.7%
GROWTH HORMONE	$409,126	21	1.0%	$446,553	19	1.1%	9.2%
DIABETIC - INSULIN PENFILLS	$397,043	23	1.0%	$430,815	20	1.1%	8.5%

Top 20 Therapeutic Class by Prescription Count

Category Description	January/February 2011	Prev Rank	March/April 2011	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRIs	45,967	1	49,401	1	7.48%
ANTICONVULSANTS	31,760	3	33,766	2	6.32%
BETA-LACTAMS / CLAVULANATE COMBOS	34,910	2	33,605	3	-3.74%
NARCOTICS - MISC.	29,583	4	31,433	4	6.25%
ANXIOLYTICS - BENZODIAZEPINES	29,468	5	31,139	5	5.60%
ANALGESICS - MISC.	24,390	7	24,542	6	0.62%
ANTIPSYCHOTICS - ATYPICALS	22,499	8	23,998	7	6.66%
ANTIASTHMATIC - BETA - ADRENERGICS	21,978	9	23,280	8	5.92%
MACROLIDES / ERYTHROMYCINS / KETOLIDES	24,722	6	22,539	9	-8.83%
ANTIHISTAMINES - NON-SEDATING	14,299	11	17,693	10	23.74%
CEPHALOSPORINS	16,356	10	16,869	11	3.71%
STIMULANTS - AMPHETAMINES - LONG ACTING	13,623	12	14,949	12	9.73%
NSAIDS	13,114	13	13,206	13	0.70%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	11,885	14	12,502	14	5.19%
ANTIHYPERTENSIVES - CENTRAL	11,096	15	11,710	15	5.53%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	10,805	16	11,369	16	5.22%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,403	17	10,824	17	4.05%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	8,813	19	10,192	18	15.65%
GI - H2 ANTAGONISTS	9,337	18	9,991	19	7.00%
GI - PROTON PUMP INHIBITOR	8,681	20	9,130	20	5.17%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount January/February 2011	Paid Amount March/April 2011	Percent Change
SYNAGIS INJ 100MG/ML	$1,915,945.07	$969,511.39	-49.40%
CONCERTA TAB 36MG	$799,618.08	$883,496.01	10.45%
ABILIFY TAB 5MG	$724,469.72	$778,258.02	7.42%
CONCERTA TAB 54MG	$573,557.33	$597,012.17	4.09%
ABILIFY TAB 10MG	$541,025.58	$589,690.63	9.03%
LEXAPRO TAB 20MG	$541,024.91	$576,624.29	6.58%
ADDERALL XR CAP 20MG	$547,593.13	$555,648.05	1.47%
SINGULAIR TAB 10MG	$453,019.94	$549,910.44	21.39%
SEROQUEL TAB 300MG	$425,391.72	$471,504.12	10.84%
ABILIFY TAB 20MG	$421,920.36	$469,095.82	11.18%
SINGULAIR CHW 5MG	$363,636.47	$457,823.26	25.90%
ADDERALL XR CAP 30MG	$425,532.23	$440,460.73	3.51%
SEROQUEL TAB 200MG	$403,843.80	$428,049.32	5.99%
ABILIFY TAB 15MG	$372,650.18	$402,306.43	7.96%
ZYPREXA TAB 20MG	$352,334.35	$398,525.80	13.05%
PREVACID CAP 30MG DR	$372,956.81	$383,131.27	2.73%
ADVAIR DISKU AER 250/50	$353,638.79	$370,664.20	4.85%
ACTOS TAB 15MG	$347,352.47	$367,019.59	5.66%
CYMBALTA CAP 60MG	$335,532.21	$354,638.39	5.69%
SEROQUEL TAB 400MG	$324,816.53	$354,428.04	9.12%
PROAIR HFA AER	$321,931.77	$346,792.41	7.72%
SINGULAIR CHW 4MG	$256,860.70	$333,699.96	29.91%
SEROQUEL TAB 100MG	$306,951.49	$328,538.47	7.03%
ABILIFY TAB 30MG	$314,022.77	$309,499.50	-1.44%
GEODON CAP 80MG	$291,803.45	$296,458.41	1.60%
VYVANSE CAP 30MG	$234,608.60	$294,422.79	25.50%
ABILIFY TAB 2MG	$251,091.61	$287,875.87	14.65%
CONCERTA TAB 27MG	$239,427.10	$269,902.61	12.73%
SEROQUEL TAB 50MG	$249,539.43	$264,532.85	6.01%
LANTUS INJ 100/ML	$250,179.77	$264,272.75	5.63%
NOVOLOG INJ 100/ML	$254,594.19	$262,021.19	2.92%
ADVATE INJ 1600UNIT	$160,667.39	$251,324.55	56.43%
PLAVIX TAB 75MG	$219,752.47	$242,692.11	10.44%
SPIRIVA CAP HANDIHLR	$217,287.64	$234,213.60	7.79%
CONCERTA TAB 18MG	$195,404.58	$228,248.02	16.81%
PULMICORT SUS 0.5MG/2	$192,467.46	$227,074.39	17.98%

VYVANSE CAP 40MG	$189,375.05	$225,845.33	21.18%
VYVANSE CAP 50MG	$200,555.44	$223,743.26	11.56%
LEVEMIR INJ	$208,138.42	$218,319.39	4.89%
AZITHROMYCIN SUS 200/5ML	$249,815.73	$217,807.36	-12.81%
ZYPREXA TAB 15MG	$188,035.80	$212,472.60	13.00%
SYNAGIS INJ 50MG	$413,261.75	$202,351.61	-51.04%
ADVATE INJ 1500UNIT	$92,463.60	$200,344.76	116.67%
COPAXONE KIT 20MG/ML	$150,256.29	$197,868.09	31.69%
VYVANSE CAP 70MG	$164,543.98	$187,356.84	13.86%
VENLAFAXINE TAB 150MG ER	$174,019.55	$186,293.12	7.05%
ADDERALL XR CAP 25MG	$175,571.25	$184,847.53	5.28%
ADDERALL XR CAP 15MG	$181,465.42	$184,332.27	1.58%
ADVAIR DISKU AER 500/50	$161,051.05	$177,954.03	10.50%
RISPERDAL INJ 50MG	$165,030.70	$177,346.62	7.46%
NASONEX SPR 50MCG/AC	$143,422.78	$177,093.19	23.48%
FOCALIN XR CAP 20MG	$165,326.46	$176,103.82	6.52%
TRICOR TAB 145MG	$158,164.01	$171,015.82	8.11%
CEFDINIR SUS 250/5ML	$157,167.35	$167,780.53	6.75%
ADDERALL XR CAP 10MG	$183,317.50	$167,681.55	-8.53%
CYMBALTA CAP 30MG	$152,304.85	$166,975.30	9.63%
COMBIVENT AER	$158,679.60	$161,722.01	1.92%
LEVAQUIN TAB 500MG	$166,938.40	$161,330.96	-3.36%
ZYPREXA TAB 10MG	$149,117.68	$156,521.79	4.97%
FOCALIN XR CAP 10MG	$136,084.68	$155,992.64	14.63%
VYVANSE CAP 20MG	$112,449.31	$153,889.92	36.85%
FOCALIN XR CAP 15MG	$125,765.13	$148,960.51	18.44%
GENOTROPIN INJ 12MG	$129,464.72	$148,352.83	14.59%
PULMICORT SUS 0.25MG/2	$132,860.36	$147,222.78	10.81%
VENTOLIN HFA AER	$131,869.11	$143,551.31	8.86%
GEODON CAP 40MG	$123,860.50	$139,850.71	12.91%
GEODON CAP 60MG	$135,594.76	$137,154.89	1.15%
VALTREX TAB 500MG	$129,795.42	$135,303.35	4.24%
PROTONIX TAB 40MG	$230,377.66	$130,272.54	-43.45%
HUMALOG INJ 100/ML	$114,733.14	$130,024.17	13.33%
VALTREX TAB 1GM	$114,538.79	$124,941.50	9.08%
TOBI NEB 300/5ML	$92,802.90	$123,837.99	33.44%
PULMOZYME SOL 1MG/ML	$107,395.05	$122,617.97	14.17%
STRATTERA CAP 40MG	$109,692.70	$122,222.51	11.42%
DEPAKOTE ER TAB 500MG	$131,704.21	$122,174.71	-7.24%
VYVANSE CAP 60MG	$102,832.79	$121,636.77	18.29%

ALPHANATE INJ VWF/HUM	$277,593.28	$121,057.16	-56.39%
SYMBICORT AER 160-4.5	$122,954.71	$117,506.89	-4.43%
HUMIRA PEN KIT 40MG/0.8	$105,410.56	$115,459.98	9.53%
NUTROPIN AQ INJ 10MG/2ML	$95,253.10	$113,178.05	18.82%
SEROQUEL TAB 25MG	$110,029.65	$110,974.60	0.86%
LIPITOR TAB 20MG	$110,787.52	$110,745.02	-0.04%
STRATTERA CAP 25MG	$95,956.82	$109,623.26	14.25%
LIPITOR TAB 40MG	$97,101.44	$103,499.27	6.59%
REBIF INJ 44/0.5	$96,093.15	$102,116.05	6.27%
AVONEX PREFL KIT 30MCG	$89,275.49	$100,795.65	12.90%
FLUTICASONE SPR 50MCG	$86,340.10	$99,765.09	15.55%
HEMOFIL M INJ 801-1700	$90,745.34	$99,184.34	9.30%
ENBREL SRCLK INJ 50MG/ML	$90,360.02	$98,902.98	9.43%
PEGASYS KIT	$79,288.31	$98,696.31	24.48%
INVEGA TAB 6MG	$85,503.72	$97,255.12	13.74%
ZYPREXA TAB 5MG	$82,373.15	$92,221.21	11.96%
ATRIPLA TAB	$85,731.09	$89,746.97	5.42%
AZITHROMYCIN SUS 100/5ML	$94,677.36	$89,153.22	-5.83%
TOPAMAX TAB 100MG	$92,041.12	$88,837.43	-3.48%
CEFDINIR SUS 125/5ML	$77,597.37	$86,727.09	11.77%
BETASERON INJ 0.3MG	$68,655.84	$85,102.04	23.95%
AMOXICILLIN SUS 400/5ML	$91,134.93	$84,234.20	-7.57%
STRATTERA CAP 60MG	$73,086.87	$83,797.15	14.65%
ELAPRASE INJ 6MG/3ML	$87,033.23	$83,766.68	-3.75%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count January/February 2011	Prescription Count March/April 2011	Percent Change
HYDROCO/APAP TAB 5-500MG	10,204	10,540	3.29%
Loratadine Tab 10 MG	8,469	9,780	15.48%
AMOXICILLIN SUS 400/5ML	10,093	9,631	-4.58%
AZITHROMYCIN SUS 200/5ML	10,124	8,975	-11.35%
AZITHROMYCIN TAB 250MG	8,457	7,745	-8.42%
PROAIR HFA AER	7,246	7,717	6.50%
ALBUTEROL NEB 0.083%	7,250	7,436	2.59%
LORAZEPAM TAB 0.5MG	6,373	6,616	3.81%
AMOXICILLIN SUS 250/5ML	7,350	6,494	-11.65%
TRAMADOL HCL TAB 50MG	5,720	6,063	6.00%
LEXAPRO TAB 20MG	5,674	6,030	6.27%
RANITIDINE TAB 150MG	5,419	5,758	6.26%
PREDNISOLONE SOL 15MG/5ML	11,004	5,624	-70.68%
LORAZEPAM TAB 1MG	5,334	5,612	5.21%
Acetaminophen Tab 325 MG	5,459	5,549	1.70%
CLONIDINE TAB 0.1MG	5,084	5,332	4.88%
CHERATUSSIN SYP AC	6,374	5,320	-16.54%
CLONAZEPAM TAB 1MG	4,974	5,300	6.55%
CLONAZEPAM TAB 0.5MG	4,941	5,185	4.94%
Aspirin Tab Delayed Release 81 MG	4,901	4,971	1.43%
CYCLOBENZAPR TAB 10MG	4,684	4,849	3.52%
ALPRAZOLAM TAB 0.5MG	4,501	4,834	7.40%
FLUOXETINE CAP 20MG	4,406	4,723	7.19%
AMOXICILLIN CAP 500MG	4,705	4,721	0.34%
ALPRAZOLAM TAB 1MG	4,147	4,379	5.59%
Acetaminophen Tab 500 MG	4,137	4,125	-0.29%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	3,912	4,071	4.06%
IBUPROFEN TAB 800MG	3,919	4,053	3.42%
SINGULAIR TAB 10MG	3,535	3,939	11.45%
GUANFACINE TAB 1MG	3,643	3,911	7.36%
CEPHALEXIN CAP 500MG	3,626	3,850	6.18%
CONCERTA TAB 36MG	3,479	3,780	8.65%
AZITHROMYCIN SUS 100/5ML	4,017	3,734	-7.05%

Sennosides-Docusate Sodium Tab 8.6-50 MG	3,739	3,727	-0.32%
Aspirin Chew Tab 81 MG	3,613	3,655	1.16%
SERTRALINE TAB 100MG	3,346	3,626	8.37%
CEFDINIR SUS 250/5ML	3,338	3,619	8.42%
VENTOLIN HFA AER	3,314	3,554	7.24%
FLUTICASONE SPR 50MCG	2,871	3,543	23.41%
Cetirizine HCl Tab 10 MG	2,737	3,458	26.34%
SINGULAIR CHW 5MG	2,879	3,335	15.84%
TRAZODONE TAB 50MG	3,134	3,335	6.41%
OMEPRAZOLE CAP 20MG	2,804	3,054	8.92%
CEFDINIR SUS 125/5ML	2,664	3,021	13.48%
SMZ/TMP DS TAB 800-160	2,855	3,020	5.78%
FOLIC ACID TAB 1MG	2,898	3,010	3.86%
TRAZODONE TAB 100MG	2,763	2,951	6.84%
CITALOPRAM TAB 20MG	2,740	2,934	7.08%
ALPRAZOLAM TAB 0.25MG	2,715	2,911	7.22%
CONCERTA TAB 54MG	2,837	2,887	1.76%
OXYCOD/APAP TAB 5-325MG	2,615	2,835	8.41%
HYDROCO/APAP TAB 5-325MG	2,213	2,628	18.75%
SMZ-TMP SUS 200-40/5	2,445	2,585	5.73%
CITALOPRAM TAB 40MG	2,378	2,583	8.62%
HYDROCO/APAP TAB 7.5-500	2,499	2,560	2.44%
METFORMIN TAB 500MG	2,438	2,543	4.31%
PREDNISONE TAB 20MG	2,316	2,523	8.94%
CEPHALEXIN SUS 250/5ML	2,692	2,494	-7.36%
SERTRALINE TAB 50MG	2,168	2,468	13.84%
RISPERIDONE TAB 1MG	2,416	2,464	1.99%
ZOLPIDEM TAB 10MG	2,296	2,444	6.45%
SINGULAIR CHW 4MG	2,033	2,437	19.87%
GABAPENTIN CAP 300MG	2,240	2,431	8.53%
SIMVASTATIN TAB 40MG	2,247	2,373	5.61%
NAPROXEN TAB 500MG	2,184	2,362	8.15%
APAP/CODEINE TAB 300-30MG	2,182	2,329	6.74%
Loratadine Syrup 5 MG/5ML	1,453	2,275	56.57%
AMOX/K CLAV SUS 600/5ML	2,173	2,250	3.54%
AMOX/K CLAV TAB 875MG	2,188	2,201	0.59%
SIMVASTATIN TAB 20MG	2,108	2,186	3.70%
HYDROCHLOROT TAB 25MG	2,021	2,123	5.05%

LISINOPRIL TAB 10MG	1,931	2,071	7.25%
Sennosides Tab 8.6 MG	2,058	2,053	-0.24%
RISPERIDONE TAB 0.5MG	1,909	2,047	7.23%
ADDERALL XR CAP 20MG	2,022	2,041	0.94%
DIAZEPAM TAB 5MG	1,981	2,035	2.73%
METRONIDAZOL TAB 500MG	1,665	1,998	20.00%
CYMBALTA CAP 60MG	1,876	1,990	6.08%
VYVANSE CAP 30MG	1,589	1,973	24.24%
Aspirin Tab Delayed Release 325 MG	1,885	1,949	3.40%
FLUCONAZOLE TAB 150MG	1,810	1,941	7.24%
PREVACID CAP 30MG DR	1,894	1,927	1.74%
PRENATAL TAB PLUS	1,908	1,924	0.84%
Polyethylene Glycol 3350 Oral Powder	1,751	1,859	6.17%
IBUPROFEN SUS 100/5ML	2,171	1,857	-14.46%
ADDERALL XR CAP 30MG	1,744	1,785	2.35%
METFORMIN TAB 1000MG	1,623	1,776	9.43%
LISINOPRIL TAB 20MG	1,671	1,769	5.86%
ABILIFY TAB 5MG	1,649	1,763	6.91%
HYDROCO/APAP TAB 10-325MG	1,671	1,744	4.37%
PROMETHAZINE TAB 25MG	1,695	1,729	2.01%
Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML)	1,172	1,675	42.92%
ADVAIR DISKUS AER 250/50	1,598	1,655	3.57%
FUROSEMIDE TAB 40MG	1,574	1,644	4.45%
AMOX/K CLAV SUS 400/5ML	1,606	1,634	1.92%
OMEPRAZOLE CAP 40MG	1,516	1,633	7.72%
MUPIROCIN OIN 2%	1,491	1,610	7.98%
NASONEX SPR 50MCG/AC	1,311	1,604	22.35%
LANTUS INJ 100/ML	1,497	1,590	6.21%

Iowa Medicaid DUR Program

Bi-Monthly Statistics

	March/April 2011	May/June 2011	% CHANGE
Total Paid Amount	$41,700,291	$38,396,635	-7.9%
Unique Users	168,990	152,515	-9.7%
Cost Per User	$246.76	$251.76	2.0%
Total Prescriptions	701,698.0	642,176.0	-8.5%
Average Prescriptions Per User	4.15	4.21	1.4%
Average Cost Per Prescription	$59.43	$59.79	0.6%
# Generic Prescriptions	537,958	493,181	-8.3%
% Generic	76.7%	76.8%	0.2%
$ Generic	$6,268,656	$5,593,988	-10.8%
Average Generic Prescription Cost	$11.65	$11.34	-2.7%
Average Days Supply	20	21	5.0%
# Brand Prescriptions	163,740	148,995	-9.0%
% Brand	23.3%	23.2%	-0.6%
$ Brand	$35,431,634	$32,802,847	-7.4%
Average Brand Prescription Cost	$216.39	$220.16	1.7%
Average Days Supply	27	27	0.0%

Utilization by Age

Age	March/April 2011	May/June 2011
0-6	42,029	33,425
7-12	26,513	22,841
13-18	23,059	20,695
19-64	65,326	63,690
65+	12,063	11,663
	168,990	152,515

Utilization by Gender and Age

Gender	Age	March/April 2011	May/June 2011
F			
	0-6	19,802	15,715
	7-12	11,771	9,902
	13-18	11,881	10,947
	19-64	46,517	45,326
	65+	9,053	8,767
		99,024	90,657
M			
	0-6	22,227	17,710
	7-12	14,742	12,939
	13-18	11,178	9,949
	19-64	18,809	18,364
	65+	3,010	2,696
		69,966	61,658

Top 20 Therapeutic Class by Paid Amount

Category Description	March/April 2011	Rank	% Budget	May/June 2011	Rank	% Budget	% Change
ANTIPSYCHOTICS - ATYPICALS	$7,400,306	1	17.7%	$7,430,580	1	19.4%	0.4%
STIMULANTS - AMPHETAMINES - LONG ACTING	$2,844,962	2	6.8%	$2,608,409	2	6.8%	-8.3%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	$2,208,344	3	5.3%	$2,022,156	3	5.3%	-8.4%
ANTIDEPRESSANTS - SELECTED SSRI's	$1,959,447	4	4.7%	$1,935,021	4	5.0%	-1.2%
ANTICONVULSANTS	$1,896,752	5	4.5%	$1,767,558	5	4.6%	-6.8%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	$1,406,645	6	3.4%	$1,409,961	6	3.7%	0.2%
ANTIHEMOPHILIC AGENTS	$1,208,821	7	2.9%	$1,190,518	7	3.1%	-1.5%
ANTIASTHMATIC - ADRENERGIC COMBOS	$1,028,398	9	2.5%	$1,005,445	8	2.6%	-2.2%
DIABETIC - INSULIN	$783,566	12	1.9%	$794,371	9	2.1%	1.4%
STIMULANTS - METHYLPHENIDATE	$803,703	11	1.9%	$747,891	10	1.9%	-6.9%
ANTIASTHMATIC - BETA - ADRENERGICS	$823,865	10	2.0%	$678,983	11	1.8%	-17.6%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	$646,111	15	1.5%	$645,566	12	1.7%	-0.1%
ANTIASTHMATIC - STEROID INHALANTS	$740,054	14	1.8%	$618,953	13	1.6%	-16.4%
GI - PROTON PUMP INHIBITOR	$754,883	13	1.8%	$613,891	14	1.6%	-18.7%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	$616,679	16	1.5%	$605,612	15	1.6%	-2.1%
MULTIPLE SCLEROSIS AGENTS	$553,844	17	1.3%	$555,495	16	1.4%	0.3%
DIABETIC - INSULIN PENFILLS	$431,215	21	1.0%	$434,041	17	1.1%	0.7%
GROWTH HORMONE	$447,396	20	1.1%	$432,642	18	1.1%	-3.3%
NARCOTICS-LONG ACTING	$427,255	23	1.0%	$432,094	19	1.1%	1.1%
NARCOTICS - MISC.	$416,110	24	1.0%	$417,786	20	1.1%	0.4%

Top 20 Therapeutic Class by Prescription Count

Category Description	March/April 2011	Prev Rank	May/June 2011	Curr Rank	% Change
ANTIDEPRESSANTS - SELECTED SSRIs	49,387	1	48,065	1	-2.67%
ANTICONVULSANTS	33,834	2	33,183	2	-1.92%
NARCOTICS - MISC.	31,456	4	31,130	3	-1.04%
ANXIOLYTICS - BENZODIAZEPINES	31,374	5	30,860	4	-1.64%
ANTIPSYCHOTICS - ATYPICALS	24,082	7	23,538	5	-2.26%
ANALGESICS - MISC.	25,097	6	23,427	6	-6.65%
BETA-LACTAMS / CLAVULANATE COMBO'S	33,627	3	21,862	7	-34.98%
ANTIHISTAMINES - NON-SEDATING	17,722	10	19,123	8	7.91%
ANTIASTHMATIC - BETA - ADRENERGICS	23,248	8	17,697	9	-23.88%
STIMULANTS - AMPHETAMINES - LONG ACTING	14,953	12	13,776	10	-7.86%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	22,647	9	12,651	11	-43.85%
CEPHALOSPORINS	16,889	11	12,307	12	-27.13%
NSAIDS	13,197	13	12,232	13	-7.31%
ANTIHYPERTENSIVES - CENTRAL	11,743	15	11,512	14	-1.97%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	10,825	17	10,659	15	-1.53%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	11,372	16	10,333	16	-9.14%
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	10,183	18	10,180	17	-0.03%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	12,501	14	9,711	18	-22.32%
GI - H2 ANTAGONISTS	9,987	19	9,634	19	-3.53%
GI - PROTON PUMP INHIBITOR	9,134	20	9,017	20	-1.28%

Top 100 Drugs by Paid Amount

Drug Description	Paid Amount March/April 2011	Paid Amount May/June 2011	Percent Change
ABILIFY TAB 5MG	$776,897.14	$781,606.33	0.61%
CONCERTA TAB 36MG	$882,626.26	$778,589.37	-11.79%
ABILIFY TAB 10MG	$591,109.94	$580,876.70	-1.73%
LEXAPRO TAB 20MG	$576,416.72	$577,725.53	0.23%
SINGULAIR TAB 10MG	$549,707.31	$555,029.38	0.97%
CONCERTA TAB 54MG	$596,936.97	$522,997.51	-12.39%
ADDERALL XR CAP 20MG	$555,740.98	$482,463.34	-13.19%
ABILIFY TAB 20MG	$467,997.45	$466,491.59	-0.32%
SEROQUEL TAB 300MG	$472,107.79	$464,491.97	-1.61%
SINGULAIR CHW 5MG	$457,419.95	$462,214.67	1.05%
ZYPREXA TAB 20MG	$398,347.43	$411,321.45	3.26%
SEROQUEL TAB 200MG	$426,696.58	$406,770.79	-4.90%
ADDERALL XR CAP 30MG	$440,717.22	$404,412.63	-8.24%
ABILIFY TAB 15MG	$402,373.45	$398,062.38	-1.07%
PREVACID CAP 30MG DR	$382,023.07	$373,902.25	-2.13%
ACTOS TAB 15MG	$366,699.34	$370,892.78	1.14%
SEROQUEL TAB 400MG	$357,118.95	$358,475.51	0.38%
CYMBALTA CAP 60MG	$354,087.45	$358,227.87	1.17%
ADVAIR DISKU AER 250/50	$370,158.60	$353,627.55	-4.47%
SINGULAIR CHW 4MG	$333,351.04	$333,735.62	0.12%
SEROQUEL TAB 100MG	$329,047.56	$330,124.03	0.33%
ABILIFY TAB 2MG	$286,450.83	$326,996.96	14.15%
ABILIFY TAB 30MG	$308,750.43	$323,127.11	4.66%
PROAIR HFA AER	$346,066.29	$318,144.76	-8.07%
GEODON CAP 80MG	$297,636.01	$281,279.48	-5.50%
NOVOLOG INJ 100/ML	$260,746.04	$271,907.28	4.28%
VYVANSE CAP 30MG	$294,075.11	$271,331.62	-7.73%
LANTUS INJ 100/ML	$264,359.04	$268,826.53	1.69%
CONCERTA TAB 27MG	$269,989.70	$255,491.44	-5.37%
SEROQUEL TAB 50MG	$266,204.97	$249,664.36	-6.21%
ALPHANATE INJ VWF/HUM	$244,316.52	$246,518.66	0.90%
PLAVIX TAB 75MG	$242,734.82	$242,664.85	-0.03%
SPIRIVA CAP HANDIHLR	$233,986.51	$234,719.33	0.36%
VYVANSE CAP 50MG	$224,060.94	$226,301.59	1.00%
VYVANSE CAP 40MG	$225,687.49	$216,609.59	-4.02%
ZYPREXA TAB 15MG	$212,419.25	$202,862.67	-4.50%

LEVEMIR INJ	$218,539.45	$202,659.71	-7.27%
COPAXONE KIT 20MG/ML	$197,868.09	$194,057.20	-1.93%
VENLAFAXINE TAB 150MG ER	$185,436.57	$192,978.76	4.07%
CONCERTA TAB 18MG	$228,426.35	$192,488.26	-15.73%
RISPERDAL INJ 50MG	$177,897.39	$188,141.41	5.76%
ZYPREXA TAB 10MG	$156,299.86	$184,982.77	18.32%
VYVANSE CAP 70MG	$186,980.55	$179,369.83	-4.07%
ADVATE INJ 1000UNIT	$251,324.55	$171,263.30	-31.86%
PULMICORT SUS 0.5MG/2	$226,811.93	$169,465.93	-25.25%
FOCALIN XR CAP 20MG	$176,545.91	$167,325.17	-5.22%
ADVAIR DISKU AER 500/50	$177,655.37	$167,299.31	-5.87%
TRICOR TAB 145MG	$171,070.34	$166,865.18	-2.46%
COMBIVENT AER	$162,551.76	$166,475.67	2.40%
NASONEX SPR 50MCG/AC	$176,965.08	$163,079.74	-7.85%
ADDERALL XR CAP 25MG	$184,893.51	$160,544.37	-13.17%
ADDERALL XR CAP 15MG	$184,543.63	$159,733.24	-13.44%
CYMBALTA CAP 30MG	$165,925.19	$162,408.04	-2.15%
VYVANSE CAP 20MG	$153,840.28	$151,747.88	-1.36%
ADVATE INJ 1500UNIT	$200,344.78	$149,795.35	-25.25%
FOCALIN XR CAP 15MG	$148,960.51	$142,204.96	-4.54%
GEODON CAP 60MG	$137,467.94	$140,046.51	1.88%
FOCALIN XR CAP 10MG	$156,149.85	$136,039.16	-12.88%
GEODON CAP 40MG	$138,659.42	$135,337.51	-2.40%
GENOTROPIN INJ 12MG	$148,352.83	$132,961.59	-10.37%
ADDERALL XR CAP 10MG	$158,104.22	$131,844.50	-21.57%
HUMALOG INJ 100/ML	$130,146.87	$131,395.24	0.95%
VENTOLIN HFA AER	$142,978.19	$129,990.82	-9.08%
ADVATE INJ 3000UNIT	$81,139.22	$125,316.59	54.45%
LEVAQUIN TAB 500MG	$161,351.03	$124,494.28	-22.84%
VALTREX TAB 500MG	$134,664.27	$124,473.02	-7.57%
VALTREX TAB 1GM	$124,744.54	$124,310.87	-0.35%
STRATTERA CAP 40MG	$122,869.84	$121,999.10	-0.71%
SYMBICORT AER 160-4.5	$119,794.63	$121,548.20	2.32%
VYVANSE CAP 60MG	$122,272.13	$120,912.86	-1.11%
ADVATE INJ 2000UNIT	$2,585.16	$118,991.59	4497.54%
PULMOZYME SOL 1MG/ML	$118,567.57	$111,421.83	-6.03%
AZITHROMYCIN SUS 200/5ML	$218,023.82	$109,933.29	-49.56%
LIPITOR TAB 20MG	$110,979.95	$107,986.85	-2.70%
DEPAKOTE ER TAB 500MG	$121,769.73	$106,873.61	-12.23%
EXJADE TAB 500MG	$73,184.12	$105,466.74	44.11%

STRATTERA CAP 25MG	$109,375.18	$105,035.66	-3.97%
AVONEX PREFL KIT 30MCG	$100,795.65	$104,510.53	3.69%
REBIF INJ 44/0.5	$102,116.05	$104,425.78	2.26%
NUTROPIN AQ INJ 10MG/2ML	$113,921.78	$103,085.85	-9.51%
SEROQUEL TAB 25MG	$110,521.10	$101,713.87	-8.22%
LIPITOR TAB 40MG	$103,348.09	$100,514.99	-2.74%
ATRIPLA TAB	$89,745.97	$99,054.17	10.36%
HIZENTRA INJ 4GM/20ML	$73,668.77	$98,940.63	34.30%
HUMIRA PEN KIT 40MG/0.8	$115,459.36	$97,636.85	-15.44%
PULMICORT SUS 0.25MG/2	$146,025.39	$97,084.89	-33.52%
CEFDINIR SUS 250/5ML	$167,882.33	$95,632.74	-43.03%
INVEGA TAB 6MG	$96,029.42	$95,632.18	-0.41%
TOBI NEB 300/5ML	$119,502.49	$95,400.68	-20.17%
PROVIGIL TAB 200MG	$77,336.51	$91,069.81	17.76%
FLUTICASONE SPR 50MCG	$99,602.43	$90,679.89	-8.96%
ENBREL SRCLK INJ 50MG/ML	$98,902.98	$90,383.37	-8.61%
PEGASYS KIT	$98,895.31	$89,825.51	-9.19%
ZYPREXA TAB 5MG	$92,646.17	$87,955.27	-5.06%
Lorazidone Tab 10 MG	$82,097.60	$85,781.06	4.49%
TOPAMAX TAB 100MG	$92,550.77	$84,791.82	-8.38%
ELAPRASE INJ 6MG/3ML	$83,768.68	$83,768.68	0.00%
ZETIA TAB 10MG	$81,407.93	$80,959.52	-0.55%
BETASERON INJ 0.3MG	$86,102.04	$80,390.85	-6.64%
STRATTERA CAP 60MG	$83,963.65	$77,917.93	-7.22%

Top 100 Drugs by Prescription Count

Product Description	Prescription Count March/April 2011	Prescription Count May/June 2011	Percent Change
Loratadine Tab 10 MG	9,813	10,250	4.45%
HYDROCO/APAP TAB 5-500MG	10,544	10,156	-3.66%
PROAIR HFA AER	7,700	7,155	-7.06%
LORAZEPAM TAB 0.5MG	6,708	6,518	-2.83%
TRAMADOL HCL TAB 50MG	6,074	5,956	-1.94%
AMOXICILLIN SUS 400/5ML	9,639	5,817	-39.65%
LEXAPRO TAB 20MG	5,031	5,707	13.37%
LORAZEPAM TAB 1MG	5,655	5,622	-0.58%
RANITIDINE TAB 150MG	5,750	5,546	-3.55%
CLONAZEPAM TAB 1MG	5,332	5,347	0.28%
Acetaminophen Tab 325 MG	5,713	5,306	-7.12%
CLONIDINE TAB 0.1MG	5,351	5,185	-3.10%
CLONAZEPAM TAB 0.5MG	5,224	5,151	-1.40%
Aspirin Tab Delayed Release 81 MG	5,086	5,137	1.00%
CYCLOBENZAPR TAB 10MG	4,848	4,744	-2.15%
ALPRAZOLAM TAB 0.5MG	4,861	4,718	-2.94%
FLUOXETINE CAP 20MG	4,721	4,620	-2.14%
AZITHROMYCIN SUS 200/5ML	8,985	4,595	-48.86%
ALBUTEROL NEB 0.083%	7,477	4,530	-39.29%
AZITHROMYCIN TAB 250MG	7,735	4,528	-41.46%
ALPRAZOLAM TAB 1MG	4,395	4,404	0.20%
Cetirizine HCl Tab 10 MG	3,463	4,074	17.64%
AMOXICILLIN SUS 250/5ML	6,505	4,032	-38.02%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	4,102	4,029	-1.78%
SINGULAIR TAB 10MG	3,937	3,960	0.58%
IBUPROFEN TAB 800MG	4,046	3,951	-2.35%
GUANFACINE TAB 1MG	3,921	3,813	-2.75%
Acetaminophen Tab 500 MG	4,238	3,776	-10.90%
Sennosides-Docusate Sodium Tab 8.6-50 MG	3,803	3,680	-3.23%
CEPHALEXIN CAP 500MG	3,842	3,636	-5.36%
SERTRALINE TAB 100MG	3,627	3,619	-0.22%
Aspirin Chew Tab 81 MG	3,744	3,605	-3.71%
FLUTICASONE SPR 50MCG	3,537	3,381	-4.41%

SINGULAIR CHW 5MG	3,334	3,356	0.66%
AMOXICILLIN CAP 500MG	4,717	3,245	-31.21%
CONCERTA TAB 36MG	3,780	3,238	-14.34%
VENTOLIN HFA AER	3,545	3,183	-10.21%
TRAZODONE TAB 50MG	3,345	3,161	-5.50%
OMEPRAZOLE CAP 20MG	3,056	3,098	1.37%
FOLIC ACID TAB 1MG	3,051	3,021	-0.98%
SMZ/TMP DS TAB 800-160	3,018	2,978	-1.33%
TRAZODONE TAB 100MG	2,959	2,950	-0.30%
HYDROCO/APAP TAB 5-325MG	2,629	2,897	10.19%
CITALOPRAM TAB 20MG	2,926	2,879	-1.61%
ALPRAZOLAM TAB 0.25MG	2,953	2,873	-2.71%
OXYCOD/APAP TAB 5-325MG	2,829	2,685	-5.09%
CHERATUSSIN SYP AC	5,313	2,633	-50.44%
CITALOPRAM TAB 40MG	2,590	2,589	-0.04%
HYDROCO/APAP TAB 7.5-500	2,558	2,550	-0.31%
METFORMIN TAB 500MG	2,542	2,545	0.12%
PREDNISONE TAB 20MG	2,522	2,543	0.83%
PREDNISOLONE SOL 15MG/5ML	5,623	2,521	-55.17%
CONCERTA TAB 54MG	2,586	2,471	-4.45%
RISPERIDONE TAB 1MG	2,474	2,459	-0.61%
SINGULAIR CHW 4MG	2,435	2,430	-0.21%
GABAPENTIN CAP 300MG	2,425	2,384	-1.69%
Loratadine Syrup 5 MG/5ML	2,272	2,366	4.14%
ZOLPIDEM TAB 10MG	2,440	2,349	-3.73%
SIMVASTATIN TAB 40MG	2,376	2,348	-1.18%
SMZ-TMP SUS 200-40/5	2,585	2,327	-9.98%
APAP/CODEINE TAB 300-30MG	2,326	2,308	-0.77%
CEPHALEXIN SUS 250/5ML	2,499	2,266	-9.32%
NAPROXEN TAB 500MG	2,362	2,250	-4.74%
SERTRALINE TAB 50MG	2,468	2,227	-9.76%
SIMVASTATIN TAB 20MG	2,185	2,180	-0.23%
AZITHROMYCIN SUS 100/5ML	3,738	2,120	-43.29%
HYDROCHLOROT TAB 25MG	2,124	2,101	-1.08%
RISPERIDONE TAB 0.5MG	2,062	2,012	-2.42%
LISINOPRIL TAB 10MG	2,073	2,007	-3.18%
CYMBALTA CAP 60MG	1,985	1,995	0.50%
Sennosides Tab 8.6 MG	2,090	1,989	-4.83%

DIAZEPAM TAB 5MG	2,042	1,972	-3.43%
CEFDINIR SUS 250/5ML	3,622	1,965	-45.75%
Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML)	1,669	1,962	17.56%
METRONIDAZOL TAB 500MG	1,988	1,920	-3.42%
Aspirin Tab Delayed Release 325 MG	1,975	1,918	-2.89%
TRIAMCINOLON CRE 0.1%	1,555	1,889	21.48%
MUPIROCIN OIN 2%	1,607	1,869	16.30%
CEFDINIR SUS 125/5ML	3,025	1,850	-38.86%
FLUCONAZOLE TAB 150MG	1,930	1,826	-5.39%
PREVACID CAP 30MG DR	1,920	1,824	-5.00%
PRENATAL TAB PLUS	1,909	1,822	-4.56%
VYVANSE CAP 30MG	1,970	1,822	-7.51%
HYDROCO/APAP TAB 10-325MG	1,749	1,789	2.29%
Permethrin Lotion 1%	1,381	1,785	29.25%
ADDERALL XR CAP 20MG	2,042	1,776	-13.03%
METFORMIN TAB 1000MG	1,780	1,749	-1.74%
Polyethylene Glycol 3350 Oral Powder	1,858	1,737	-6.51%
ABILIFY TAB 5MG	1,761	1,731	-1.70%
LISINOPRIL TAB 20MG	1,772	1,716	-3.16%
FUROSEMIDE TAB 40MG	1,652	1,669	1.03%
AMOX/K CLAV TAB 875MG	2,200	1,665	-24.32%
ADDERALL XR CAP 30MG	1,789	1,620	-9.45%
PREDNISONE TAB 10MG	1,489	1,593	6.98%
BUPROPN HCL TAB 300MG XL	1,489	1,592	6.92%
LANTUS INJ 100/ML	1,590	1,581	-0.57%
ADVAIR DISKU AER 250/50	1,651	1,569	-4.97%
PROMETHAZINE TAB 25MG	1,724	1,558	-9.63%
OMEPRAZOLE CAP 40MG	1,635	1,540	-5.87%
MELOXICAM TAB 15MG	1,516	1,530	0.92%

Appendix M
Meeting Minutes

Iowa Medicaid Drug Utilization Review Commission
Meeting Minutes October 6, 2010

Attendees:

Commission Members
Brett Faine, Pharm.D.; Casey Clor, M.D.; Craig Logemann, R.Ph., Pharm.D., BCPS; Sara Schutte-Schenck, D.O., FAAP; Laurie Pestel, Pharm.D.; Larry Ambroson, R.Ph.; Rick Rinehart, M.D; and Susan Parker, Pharm.D.
Staff
Jason Kessler, M.D.; and Pam Smith, R.Ph.
Guests
Chuck Wadle, D.O., Magellan; Sandy Pranger, R.Ph., IME; Erin Halverson, R.Ph., IME; and Melissa Biddle, IME.

Welcome & Introductions

Vice-Chairperson Laurie Pestel called the meeting to order at 9:35 a.m. at the Learning Resource Center in West Des Moines. The minutes from the June 2, 2010 meeting were reviewed. Dr. Sara Schutte-Schenck motioned to accept them, and Craig Logemann seconded. The vote was unanimous. The Commission members also completed their annual conflict of interest and confidentiality forms. Dr. Casey Clor motioned to implement a policy to request a completed conflict of interest form from specialists when their expert opinion was sought, Craig Logemann seconded. There were no members opposed. Craig Logemann nominated Dr. Mark Graber to remain as Chairperson, and Laurie Pestel as Vice-Chair. Larry Ambroson seconded, and the decision was unanimous.

IME Updates

The IowaCare expansion began on October 1, 2010. The Clinical Advisory Committee did not have a quorum and was unable to meet at their scheduled time, but a supplementary meeting is set for October 22, 2010. An ethics consultation is being created for Iowa Medicaid. Dr. Kessler will also be sending out a Medical Director's newsletter. As far as Healthcare Reform's impact on drug rebates, DHS has gotten some direction from CMS on how they will calculate the increased amount of rebates that they will be taking back from the states. However, CMS still has not identified the specific line extension drugs, which will represent the bulk of the financial loss. DHS is also awaiting clarification about the wording regarding coverage of smoking cessation therapies for pregnant women that appears in the Healthcare Reform Bill. Since CMS did not respond prior to the required October 1, 2010 implementation date, legal interpretation was used: all over-the-counter products were added. Also, the legend products, which would consist of the nicotine spray and the oral inhaler, were discussed at a recent meeting as additions. Susan Parker has asked for this in writing, but it has not yet been received. The new Mental Health Rules are set to be effective January 1, 2011. All public comments have been posted on the DHS website under the Rules link. The Administrative Rules Committee will finalize the changes in November. Any

proposed changes to the PDL based on the rule changes will be discussed at the November 18th P&T Committee Meeting. The Annual PDL review is also on the agenda for this meeting.

Quarterly Management Reports
Pam Smith reviewed the quarterly reports for the fourth quarter of State Fiscal Year 2010. The average amount paid per claim was $58.04, $1.25 less than the previous quarter. There were 1,061,880 claims paid at a total of $61,635,374.58. The number of eligible members increased to 385,061, almost 30,000 more than the previous year's fourth quarter. However, there were only 194,329 utilized members, with an average of 5.46 claims apiece. The percent of controlled substances increased slightly to 18.97%. The top five drugs by dollars spent were all mental health drugs. Atypical Antipsychotics were the most costly therapeutic class, accounting for $10,947,011.86 or 17.76% of the overall total. Generic utilization made up 74.08% of the quarter's claims.

Case Studies
Pam Smith presented four case studies. Recommendations by Commissioners from these four examples resulted in an annualized total savings of $5,459.65 pre-rebate (state and federal). The members also received a handout describing four more studies that had been reviewed in August when no quorum was present. Recommendations by Commissioners from these four examples resulted in an annualized total savings of $9,936.91 pre-rebate (state and federal).

Public Comment
There were no speakers in this public comment session.

Prior Authorization

Smoking Cessation Therapy: The Commission reviewed the prior authorization criteria as follows:

Prior Authorization is required for over-the-counter nicotine replacement patches, nicotine gum, and nicotine lozenges. Requests for authorization must include:

1) *Diagnosis of nicotine dependence and referral to the Quitline Iowa program for counseling.*
2) *Confirmation of enrollment in the Quitline Iowa counseling program is required for approval.*
3) *Approvals will only be granted for patients eighteen years of age and older.*
4) *The maximum allowed duration of therapy is twelve weeks within a twelve-month period.*
5) *Patients may receive nicotine replacement patches in combination with one of the oral nicotine replacement products (gum or lozenges). A maximum quantity of 110 pieces of nicotine gum or 144 nicotine lozenges and 14 nicotine replacement patches may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4 week supply at one unit per day of nicotine replacement patches with up to 330 pieces of nicotine gum or 288 nicotine lozenges.*

Following the first 28 days of therapy, continuation is available only with documentation of ongoing participation in the Quitline Iowa program.

6) *The 72-hour emergency supply rule does not apply for drugs used for the treatment of smoking cessation.*

Effective October 1, 2010, coverage of all approved non-prescription nicotine replacement therapy (NRT) for pregnant Medicaid members is required due to Section 4107 of HR 3590. The nicotine lozenge will be added to the list of covered NRT products for all members for simplicity of administration. This was provided for informational review only, and no vote was taken.

Dalfampridine (Ampyra): The Commission reviewed the prior authorization criteria as follows:

- *Prior authorization is required for dalfampridine (Ampyra™).*
- *Payment will be considered for patients that have a gait disorder associated with MS.*
- *Initial authorizations will be approved for 12 weeks with a baseline Timed 25-foot Walk (T25FW) assessment.*
- *Additional prior authorizations will be considered at six month intervals after assessing the benefit to the patient as measured by a 20% improvement in T25FW from baseline. Renewal will not be approved if 20% improvements are not maintained in the T25FW.*
- *Prior authorizations will not be considered for patients with a seizure diagnosis or in patients with moderate or severe renal impairment.*

Larry Ambroson motioned to accept these criteria, and Dr. Rick Rinehart seconded. The motion passed with all members in favor.

Sodium Oxybate (Xyrem): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for sodium oxybate (Xyrem®). Payment will be considered for patients 16 years of age or older under the following conditions:

1. *A diagnosis of cataplexy associated with narcolepsy verified by a recent sleep study (including a PSG, MSLT, and ESS) and previous trial and therapy failure at a therapeutic dose with one of the following tricyclic antidepressants: clomipramine, imipramine, or protriptyline.*
2. *A diagnosis of excessive daytime sleepiness associated with narcolepsy verified by a recent sleep study (including a PSG, MSLT, and ESS) and previous trials and therapy failures at a therapeutic dose with a preferred amphetamine and non-amphetamine stimulant.*
3. *Requests for patients with a prior history of substance abuse will not be considered.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

A quantity limit of 540ml/30 days was also recommended. Craig Logemann motioned to accept these criteria, and Dr. Rick Rinehart seconded. The motion passed unanimously.

Biologicals for Arthritis: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for biologicals used for arthritis. Payment will be considered following an inadequate response to two preferred disease modifying antirheumatic drugs (DMARDs) in combination, including methotrexate plus hydroxycholoroquine, sulfasalazine, leflunomide, or minocycline. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Payment for non-preferred biologicals for arthritis will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents.

Craig Logemann motioned to accept these criteria, and Dr. Rick Rinehart seconded. The motion passed unanimously.

Modified Formulations: The Commission reviewed the prior authorization criteria as follows:

Invega (trial of risperidone) *Invega Sustenna (trial of Risperdal Consta)*
Pristiq (trial of venlafaxine er tablets) *Trilipix (trial of Tricor)*
Xopenex (trial of albuterol)

*Payment for a **non-preferred isomer, prodrug, or metabolite** will be considered when the following criteria are met:*

1. *Previous trial with a preferred parent drug of the same chemical entity at a therapeutic dose that resulted in a partial response with a documented intolerance and a*
2. *Previous trial and therapy failure at a therapeutic dose with a preferred drug of a different chemical entity indicated to treat the submitted diagnosis if available.*

The required trials may be overridden when documented evidence is provided that the use of these preferred agent(s) would be medically contraindicated.

Abilify Discmelt (trial of Abilify solution) *FazaClo trial of (clozapine)*
Metozolv(trial of metoclopramide solution) *Risperdal M-Tab (trial of risperidone solution)*
Zyprexa Zydis (trial of Zyprexa tablets)

*Payment for a **non-preferred alternative delivery system** will only be considered for cases in which the use of an alternative delivery system is medically necessary and there is a previous trial and therapy failure with a preferred alternative delivery system if available.*

Larry Ambroson motioned to accept these criteria, and Dr. Sara Schutte-Schenck seconded. The motion passed unanimously.

Topical Diclofenac: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for all non-preferred nonsteroidal anti-inflammatory drugs and all non-preferred COX-2 inhibitors. Prior authorization is not required for preferred nonsteroidal anti-inflammatory drugs or COX-2 inhibitors.

1. Requests for a non-preferred nonsteroidal anti-inflammatory drug must document previous trials and therapy failures with three preferred nonsteroidal anti-inflammatory drugs.

2. Requests for a non-preferred COX-2 inhibitor must document previous trials and therapy failures with three preferred nonsteroidal anti-inflammatory drugs, two of which must be a preferred COX-2 preferentially selective nonsteroidal anti-inflammatory drug.

3. Requests for a non-preferred topical nonsteroidal anti-inflammatory drug must document previous trials and therapy failures with three preferred nonsteroidal anti-inflammatory drugs. The trials must include two preferred COX-2 preferentially selective nonsteroidal anti-inflammatory drugs and the oral drug of the same chemical entity. In addition, the use of a topical delivery system must be deemed medically necessary.

4. Requests for a non-preferred extended release nonsteroidal anti-inflammatory drug must document previous trials and therapy failures with three preferred nonsteroidal anti-inflammatory drugs, one of which must be the preferred immediate release nonsteroidal anti-inflammatory drug at a therapeutic dose that resulted in a partial response with a documented intolerance to the preferred immediate release product of the same chemical entity.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Dr. Casey Clor motioned to accept these criteria, and Larry Ambroson seconded. The motion passed unanimously.

Buprenorphine (Butrans) Transdermal System: The Commission reviewed the prior authorization criteria as follows:

- *Prior authorization is required for BuTrans™.*
- *Payment will be authorized only in cases where there are previous trials and therapy failures at a therapeutic dose with a preferred long acting morphine sulfate product and methadone. The preferred trials must allow for adequate dose titration and show use of a short acting narcotic for breakthrough pain and*
- *A trial and therapy failure with fentanyl patch at maximum tolerated dose.*
- *The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

Dr. Casey Clor motioned to accept these criteria, and Dr. Rick Rinehart seconded. The motion passed unanimously.

Extended Release Formulations: The Commission reviewed the prior authorization criteria as follows:

Payment for a non-preferred extended release formulation will be considered when the following criteria are met:

- *Previous trial with the preferred immediate release product at a therapeutic dose that resulted in a partial response with a documented intolerance to the preferred immediate release product of the same chemical entity and a*
- *Previous trial and therapy failure at a therapeutic dose with a preferred drug of a different chemical entity indicated to treat the submitted diagnosis.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

As this was the second review of these criteria, and no further changes were recommended, these criteria were forwarded on to the Department of Human Services.

Biologicals for Ankylosing Spondylitis: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for biologicals used for ankylosing spondylitis. Payment will be considered following inadequate responses to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at maximum therapeutic doses, unless there are documented adverse responses or contraindications to NSAID use. These trials should be at least three months in duration. Patients with symptoms of peripheral arthritis must also have failed a 30-day treatment trial with at least one conventional disease modifying antirheumatic drug (DMARD), unless there is a documented adverse response or contraindication to DMARD use. DMARDs include sulfasalazine and methotrexate.

Payment for non-preferred biologicals for ankylosing spondylitis will be considered only for cases in which there is documentation of a previous trials and therapy failures with a two preferred biological agents.

As this was the second review of these criteria, and no further changes were recommended, these criteria were forwarded on to the Department of Human Services.

Biologicals for Inflammatory Bowel Disease: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for biologicals used for inflammatory bowel disease.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

- *Crohn's Disease – Payment will be considered following an inadequate response to two preferred conventional therapies including aminosalicylates (mesalamine, sulfasalazine), azathioprine/6-mercaptopurine, and/or methotrexate. Payment for non-preferred biologicals will be considered only for cases in which there is documentation of previous trials and therapy*

failures with two preferred biological agents.

- *Ulcerative colitis (moderate to severe) – Payment will be considered following an inadequate response to two preferred conventional therapies including aminosalicylates, and azathioprine/6-mercaptopurine.*

As this was the second review of these criteria, and no further changes were recommended, these criteria were forwarded on to the Department of Human Services.

Biologicals for Plaque Psoriasis: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for biologicals used for plaque psoriasis. Payment will be considered following an inadequate response to phototherapy, systemic retinoids (oral isotretinoin), methotrexate, or cyclosporine. Payment for non-preferred biologicals for plaque psoriasis will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents.

As this was the second review of these criteria, and no further changes were recommended, these criteria were forwarded on to the Department of Human Services.

Lidocaine Patch: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for topical lidocaine patches (Lidoderm®). Payment will be considered for a diagnosis of pain associated with post-herpetic neuralgia following a previous treatment failure with a preferred agent at therapeutic dose from two of the following: tricyclic antidepressant, opioid, gabapentin, carbamazepine, or valproic acid. A maximum of 30 patches may be dispensed with the initial prescription to determine efficacy.

As this was the second review of these criteria, and no further changes were recommended, these criteria were forwarded on to the Department of Human Services.

Palivizumab (Synagis): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for therapy with palivizumab. Prior authorizations will be approved for a maximum of five doses per patient. No allowances will be made for a sixth dose. Payment for palivizumab will be considered for patients who meet one of the following criteria:

Chronic Lung Disease (CLD)

- *Patient is less than 24 months of age at start of therapy and has chronic lung disease of prematurity (i.e. bronchopulmonary dysplasia) requiring medication (bronchodilator, corticosteroid, or diuretic therapy) or oxygen within six months before the anticipated start of RSV season.*

Prematurity

- *Patient is less than 12 months of age at start of therapy with a gestational age of less than or equal to 28 weeks.*

- *Patient is less than 6 months of age at start of therapy with a gestational age between 28 weeks and 31 weeks.*
- *Patient is less than 6 months of age at start of therapy with a gestational age of 32 weeks to 35 weeks and has at least two risk factors.*

Congenital Heart Disease (CHD)

- *Patient is less than 24 months of age at start of therapy and has hemodynamically significant congenital heart disease further defined by any of the following: Receiving medication to control congestive heart failure, moderate to severe pulmonary hypertension, or cyanotic congenital heart disease.*

Severe Immunodeficiency

- *Patient is less than 24 months of age at start of therapy and has severe immunodeficiencies (e.g., severe combined immunodeficiency or advanced acquired immunodeficiency syndrome).*

The Commission members believed the current criteria to be sufficient for lack of additional data or evidence within the last year to adopt the complete 2009 *Redbook* Guidelines for RSV Prevention.

Annual Review of PA Criteria: There were recommended changes to the following categories: Alpha-Blockers, Anti-Acne, Antiemetics, Benzodiazepines, Selected Brand Name Drugs, and Vitamins. The criteria for these categories will be reviewed at upcoming meetings.

ProDUR Edits

Refill Tolerance: Refill tolerance is currently set at 85% for controlled substances, but only 75% for many other drug classes. The Commission decided to change the refill tolerance to 85% for all drug classes to allow for fewer prescription fills per year resulting in a cost savings to the State. There was no motion for this, but the vote was unanimous, with all members in favor of the change. This will be effective January 1, 2011.

Quantity Limits Effective October 18, 2010: Commission members were given a copy of the new quantity limits.

Public Comment

Jerry Clewell from Abbott Labs spoke about medications used in the treatment of Crohn's Disease.

Focus Studies

Long-Term Use of Clopidogrel: The Commission members want to send letters to the prescribers of the members found to have been using clopidogrel for more than a year without a valid diagnosis for its extended use, and request that clopidogrel be discontinued or, if not contraindicated, switched to aspirin. They thought a DUR Digest article encouraging prescribers to use aspirin for ACS and cerebrovascular disease

patients (unless the patient has undergone PCI or a contraindication is present) would be helpful as well.

Long-Term Antibiotic Use and Monitoring: The Commission members asked that acne medications be removed from the findings. The updated analysis (with a more current timeframe) will be brought back to the next meeting. If this change in study parameters does not significantly lower the number of members, the Commission feels that it would be sufficient to wait to write letters on these members as their profiles come up for review, as opposed to doing a focus study with this large of a group (891 unique members).

Atrial Fibrillation and Warfarin Utilization: The Commission decided to develop a DUR Digest article to encourage prescribers who see patients with atrial fibrillation with either a significant past medical history putting them at risk for a stroke and/or have a CHADS score greater than or equal to 2 to initiate warfarin therapy with a goal INR of 2-3.

Utilization of ACE, ARB, and/or Beta Blocker in CHF: The Commission members decided to develop a focus study and contact the prescribers and pharmacies of the 63 members identified as having a recent ER and/or hospital admission that was CHF-related who do not have recent claims in their pharmacy claims history for an ACE inhibitor, beta-blocker, and/or angiotensin II receptor blocker.

Drugs that cause Edema: Given the time constraints, this discussion was tabled until the December meeting.

Chronic Transdermal Scopolamine: Given the time constraints, this discussion was tabled until the December meeting.

Serotonin Syndrome Drug Interactions: Given the time constraints, this discussion was tabled until the December meeting.

Atypical Antipsychotics and Metabolic Screening: Given the time constraints, this discussion was tabled until the December meeting.

<u>Miscellaneous</u>

DUR Digest: The Commission members reviewed the final version of the DUR Digest Volume 23, Number 1. There were no additional changes.

SMAC Updates: The Commission members were given a copy of the SMAC changes that had gone into effect since June.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 12:18 to adjourn the meeting and move to closed

session (1st by Dr. Casey Clor, 2nd by Craig Logemann).

The next meeting will be held at 9:30 a.m. on Wednesday, December 1, 2010 at a location to be determined.

Iowa Medicaid Drug Utilization Review Commission
Meeting Minutes December 1, 2010

Attendees:

Commission Members
Mark Graber, M.D., FACEP; Casey Clor, M.D.; Craig Logemann, R.Ph., Pharm.D., BCPS; Sara Schutte-Schenck, D.O., FAAP; Laurie Pestel, Pharm.D.; Larry Ambroson, R.Ph.; Rick Rinehart, M.D. (via phone); Brett Faine, Pharm.D.; and Susan Parker, Pharm.D.
Staff
Pam Smith, R.Ph.
Guests
Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., Medical Director; Sandy Pranger, R.Ph., IME; Erin Halverson, R.Ph., IME; and Melissa Biddle, IME.

Welcome & Introductions

Chairperson Dr. Mark Graber called the meeting to order at 9:30 a.m. at the Learning Resource Center in West Des Moines. The minutes from the October 6, 2010 meeting were reviewed. Larry Ambroson motioned to accept them, and Craig Logemann seconded. The vote was unanimous.

IME Updates

Dr. Jason Kessler reported the IowaCare expansion took effect on October 1, 2010. As a result, some of the medical home centers have been a little overwhelmed by the number of patients they're getting, as well as experiencing issues revolving around non-covered medications and services. A task force is currently looking into the possibility of getting pharmacy benefits for these members. There is a co-op effort with Magellan to look into psychotropic use in children ages 0-5, as well as use in foster care children and intellectually disabled populations. IDPH is working on finalizing the technical vendor contract for the state health information exchange network, and the Iowa Medicaid HIT plan has been conditionally approved by CMS, pending some changes just submitted. A waiver prior authorization program has just been initiated, using criteria to evaluate the medical necessity of any requests over the median amount. There is currently an opening on the Clinical Advisory Committee. Susan Parker reported DHS is still awaiting CMS direction for some rebate items included in the Healthcare Reform Bill. Their definition of line extension drugs has yet to be provided, though some PDL status changes have been made in anticipation that certain medications will qualify for this distinction. The new Mental Health Drug Rules are set to be effective January 1, 2011.

Prevalence Report Summary

This report will be presented in place of the quarterly management report from this point forward, as it paints a broader picture of the program. Statistics from July/August 2010 were discussed, including: cost per user ($249), number of total prescriptions dispensed

(618,770), average cost per prescription ($58.78), and generic utilization (75.1%). Program utilization was further broken down by age bracket and gender; there were more females utilizing their pharmacy benefit than males. Lists of the top 20 therapeutic classes were provided. Atypical Antipsychotics were the most expensive at 18.3% of the overall expenditures, and the SSRIs had the highest prescription count, with 45,438 in July and August alone. The top 100 drugs by paid amount and script count were also reviewed. Concerta was the most expensive at $615,741.84, and hydrocodone/apap had the highest prescription count at 11,211. Additionally, statistics from September/October 2010 were discussed, including: cost per user (decreased 7% from the previous report), average cost per prescription ($56.38), and generic utilization (75.8%). Program utilization was further broken down by age bracket and gender; there were still more females utilizing the pharmacy benefit versus males. Lists of the top 20 therapeutic classes were provided. Atypical Antipsychotics were the most expensive again at 17.7% of the overall expenditures, and the SSRIs had the highest prescription count (45,540). On the top 100 drugs by prescription count report, Lexapro was the only name brand in the top 10. Dr. Chuck Wadle asked if the number of eligible members could be included on future reports for comparison purposes. He also asked if the top 100 drugs by paid amount could be post rebate, without totals.

Case Studies

Pam Smith presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of $1,406.88 pre-rebate (state and federal).

Public Comment

Dr. Michael Finan from the Mercy Arthritis Center spoke about the proposed changes to the PA criteria for Biologics for Arthritis.

Prior Authorization

Alpha-Blockers, Urospecific: Effective July 16, 2010, tamulosin became preferred on the PDL due to favorable pricing of the generic drug. All members were in favor of removing the criteria for this reason. There was no motion, but the voice vote was unanimous.

Selected Brand Name Drugs: The Commission reviewed the current prior authorization criteria and were then provided some options to choose from or combine when revising the criteria. The Commission reviewed the following:

Prior authorization is required for selected brand-name drugs, as determined by the Department, for which there is available an "A" rated bioequivalent generic product as determined by the Federal Food and Drug Administration, unless the brand drug has been designated by the Department as preferred (payable) under the Iowa Medicaid Preferred Drug List (PDL). For prior authorization to be considered:

Options to choose from or combine:

1. *Trials – trial with two different generic manufacturers or one generic manufacturer and a different chemical entity.*
2. *Response – failure or a partial response to the bioequivalent generic.*

3. *Failure Reason– What should be accepted as a "failure" to approve the brand? For example, an adverse reaction resulting in a life threatening reaction, hospitalization, disability, or required intervention to prevent impairment or damage with the bioequivalent generic drug. See Section B of the FDA MedWatch form.*

The Commission wanted to focus on trials and failure reason. They wished to address gluten sensitivity and allergies to sugars, dyes, and inactive components, and request a trial of a second generic if available. They asked that a sentence stating "intolerances like nausea will not be considered" and one requiring providers to "provide evidence of a life-threatening adverse reaction" be added. Pam Smith will revise the criteria with these changes and bring it back to the next meeting in February.

Vitamins, Minerals and Multiple Vitamins: On September 9th, the Iowa Medicaid P&T Committee voted in favor of removing the prior authorization criteria for Vitamin D drops for pediatric patients, supporting the recommendation from the American Academy of Pediatrics (AAP) regarding vitamin D supplementation for infants. The DUR Commission reviewed the prior authorization criteria as follows:

Payment for vitamins, minerals and multiple vitamins for treatment of specific conditions will be approved when there is a diagnosis of specific vitamin or mineral deficiency disease or for patients under 21 years of age if there is a diagnosed disease which inhibits the nutrition absorption process as a secondary effect of the disease. (Prior approval is not required for prescribed vitamin D supplements for patients under 12 months of age or a prescribed product primarily classified as a blood modifier, if that product does not contain more than three vitamins/minerals or for products principally marketed as prenatal vitamin-mineral supplements.)

The Commission voted unanimously in favor of the criteria recommendation. They also wish to look at multivitamins for infants under 12 months of age.

Dalfampridine (Ampyra): The Commission reviewed the prior authorization criteria as follows:

- *Prior authorization is required for dalfampridine (Ampyra™).*
- *Payment will be considered for patients that have a gait disorder associated with MS.*
- *Initial authorizations will be approved for 12 weeks with a baseline Timed 25-foot Walk (T25FW) assessment.*
- *Additional prior authorizations will be considered at six month intervals after assessing the benefit to the patient as measured by a 20% improvement in T25FW from baseline. Renewal will not be approved if 20% improvements are not maintained in the T25FW.*
- *Prior authorizations will not be considered for patients with a seizure diagnosis or in patients with moderate or severe renal impairment.*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Sodium Oxybate (Xyrem): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for sodium oxybate (Xyrem®). Payment will be considered for patients 16 years of age or older under the following conditions:

1. *A diagnosis of cataplexy associated with narcolepsy verified by a recent sleep study (including a PSG, MSLT, and ESS) and previous trial and therapy failure at a therapeutic dose with one of the following tricyclic antidepressants: clomipramine, imipramine, or protriptyline.*
2. *A diagnosis of excessive daytime sleepiness associated with narcolepsy verified by a recent sleep study (including a PSG, MSLT, and ESS) and previous trials and therapy failure at a therapeutic dose with a preferred amphetamine and non-amphetamine stimulant.*
3. *Requests for patients with a prior history of substance abuse will not be considered. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

A quantity limit of 540ml/30 days was also recommended and previously approved by the members. The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Biologicals for Arthritis: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for biologicals used for arthritis. Payment will be considered following an adequate trial of two preferred disease modifying antirheumatic drugs (DMARDs) in combination, including methotrexate plus another preferred oral DMARD. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated. The second DMARD trial may be overridden when there is evidence of severe disease documented by radiographic erosions.

Payment for non-preferred biologicals for arthritis will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents.

There was no motion, but all members were in favor of these changes to the criteria when a voice vote was taken.

Modified Formulations: The Commission reviewed the prior authorization criteria as follows:

Payment for a non-preferred isomer, prodrug, or metabolite will be considered when the following criteria are met:

1. *Previous trial with a preferred parent drug of the same chemical entity at a therapeutic dose that resulted in a partial response with a documented intolerance and a*
2. *Previous trial and therapy failure at a therapeutic dose with a preferred drug of a different chemical entity indicated to treat the submitted diagnosis if available.*

The required trials may be overridden when documented evidence is provided that the use of these preferred agent(s) would be medically contraindicated.

Payment for a non-preferred alternative delivery system will only be considered for cases in which the use of an alternative delivery system is medically necessary and there is a previous trial and therapy failure with a preferred alternative delivery system if available.

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

NSAID/Topical Diclofenac: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for all non-preferred nonsteroidal anti-inflammatory drugs and all non-preferred COX-2 inhibitors. Prior authorization is not required for preferred nonsteroidal anti-inflammatory drugs or COX-2 inhibitors.

1. Requests for a non-preferred nonsteroidal anti-inflammatory drug must document previous trials and therapy failures with three preferred nonsteroidal anti-inflammatory drugs.

2. Requests for a non-preferred COX-2 inhibitor must document previous trials and therapy failures with three preferred nonsteroidal anti-inflammatory drugs, two of which must be a preferred COX-2 preferentially selective nonsteroidal anti-inflammatory drug.

3. Requests for a non-preferred topical nonsteroidal anti-inflammatory drug must document previous trials and therapy failures with three preferred nonsteroidal anti-inflammatory drugs. The trials must include two preferred COX-2 preferentially selective nonsteroidal anti-inflammatory drugs and the oral drug of the same chemical entity. In addition, the use of a topical delivery system must be deemed medically necessary.

4. Requests for a non-preferred extended release nonsteroidal anti-inflammatory drug must document previous trials and therapy failures with three preferred nonsteroidal anti-inflammatory drugs, one of which must be the preferred immediate release nonsteroidal anti-inflammatory drug at a therapeutic dose that resulted in a partial response with a documented intolerance to the preferred immediate release product of the same chemical entity.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Buprenorphine (Butrans) Transdermal System: The Commission reviewed the prior authorization criteria as follows:

- *Prior authorization is required for Butrans™.*
- *Payment will be authorized only in cases where there are previous trials and therapy failures at a therapeutic dose with a preferred long acting morphine sulfate product and methadone. The preferred trials must allow for adequate dose titration and show use of a short acting narcotic for breakthrough pain and*
- *A trial and therapy failure with fentanyl patch at maximum tolerated dose.*

- *The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

ProDUR Edits

Quantity Limits Effective January 1, 2011: Commission members were given a copy of the new quantity limits.

PPI Dosing Initiative: The Commission thinks that the PA criteria should be altered to require failure on once daily PPI and a bedtime dose of a H_2-Blocker, after the initial 3 month trial of twice-a-day PPIs. Susan Parker suggested allowing 14 days of BID dosing before requiring prior authorization. Programming requirements for this will be looked into, and the proposed criteria brought back to the next meeting. The quantity limits will remain as is for now but will be discussed at the next meeting.

Public Comment

Christina Soltwedel from Abbott had some questions about the PA criteria for Biologics for Arthritis, specifically the standards to be used for measuring severity of the disease.

Focus Studies

Drugs that cause Edema: This was a follow-up discussion, so no further action was required.

Chronic Transdermal Scopolamine: This was a follow-up discussion, so no further action was required.

Long-Term Antibiotic Use and Monitoring: The members asked to sort out plan 300 from plan 100 members. Results will be brought back to the next meeting. They felt that this small number of patients did not warrant sending letters, and the issue could continue to be dealt with through profile reviews.

Serotonin Syndrome Drug Interactions: The Commission asked that these findings be redone, focusing on MAOIs in combination, as well as Tramadol with SSRIs in combination. Also, the claim histories of the 19 members identified as having a new diagnosis of hypothermia will be examined to see what drugs may have caused this sign of serotonin syndrome. New results will be brought back to a future meeting.

Chronic Hepatitis C without Treatment: The Commission wondered how many of the members in the report results had seen a GI specialist or hepatologist, or if there were any liver biopsies in their claim histories. They also requested to hear the opinion of a GI specialist. Letters will be sent to prescribers of the members identified as having a new diagnosis of chronic hepatitis C virus who have not yet received treatment.

Chronic Triptan Use: A focus study will be developed to contact prescribers of members identified as regularly filling prescriptions for a triptan without a prophylactic product in their claims history. Prescribers of the members identified in both the 2008 study and 2010 study will also be contacted, to inquire why the members are either: a) still using triptans chronically after initiating a prophylactic regimen, and/or b) still using a triptan chronically and discontinued the prophylactic product. This will also appear as a DUR Digest article.

Chronic Mupirocin Use: A focus study will be developed to contact prescribers of members identified as using mupirocin regularly. However, the Commission also asked that the members' diagnoses be investigated further as well.

Atypical Antipsychotics and Metabolic Screening: The parameters of this study will be adjusted to look for chronic use. Members with 4 fills in a six month timeframe will be identified, and those findings will be brought to the next meeting.

<u>Miscellaneous</u>

DUR Digest: The Commission members offered changes and additions to the draft for DUR Digest Volume 23, Number 2.

SMAC Updates: The Commission members were given a copy of the SMAC changes that had gone into effect since October.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 11:54 to adjourn the meeting and move to closed session (1st by Craig Logemann, 2nd by Larry Ambroson).

The next meeting will be held at 9:30 a.m. on Wednesday, February 2, 2011 at the Iowa Medicaid Enterprise in Des Moines.

Iowa Medicaid Drug Utilization Review Commission
Meeting Minutes February 2, 2011

Attendees:

Commission Members
Mark Graber, M.D., FACEP (via phone); Casey Clor, M.D. (via phone); Craig Logemann, R.Ph., Pharm.D. (via phone), BCPS; Sara Schutte-Schenck, D.O. (via phone), FAAP; Laurie Pestel, Pharm.D. (via phone); Larry Ambroson, R.Ph. (via phone); Brett Faine, Pharm.D. (via phone); and Susan Parker, Pharm.D.
Staff
Jason Kessler, M.D. (via phone); and Pam Smith, R.Ph.
Guests
Chuck Wadle, D.O., Magellan; Sandy Pranger, R.Ph., IME; and Melissa Biddle, IME.

Welcome & Introductions

Pam Smith called the meeting to order at 9:35 a.m. at the Iowa Medicaid Enterprise in Des Moines. The minutes from the December 1, 2010 meeting were reviewed. Dr. Graber motioned to accept them, and Dr. Clor seconded. The vote was unanimous.

IME Updates

A series of cost savings suggestions has been submitted to the legislature by Jennifer Vermeer, Medicaid Director. Results are still pending. There is currently an opening on the Clinical Advisory Committee. The new Mental Health Drug Rules went into effect January 1, 2011. There were minimal Preferred Drug List (PDL) changes because of this, and everything has been going smoothly, with no issues the first month. Pam Smith presented follow-up information for questions that had arisen at the last DUR meeting. She will email the dates for this year's upcoming DUR meetings to the Commission members.

Prevalence Report Summary

Statistics from November though December 2010 were discussed, including: cost per user ($250.55), number of total prescriptions dispensed (an increase of 1.4% over the previous reporting period), average cost per prescription ($59.86), and generic utilization (76.2%). The total paid amount increased by 6.7%, to just under $40 million. There were 159,000 unique users, which is slightly more than the total for September and October 2010. Lists of the top 20 therapeutics classes were provided. Atypical Antipsychotics were the most expensive, and Long-Acting Antihistamines came in second. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. Nine of the ten most expensive medications were mental health drugs, including 3 different strengths of Abilify. Hydrocodone/apap had the highest prescription count.

Case Studies

Pam Smith presented 4 case studies. Recommendations by Commissioners from these

four examples resulted in annualized total savings of $7,310.13 pre-rebate (state and federal).

Annual Smoking Cessation Report

The Commission members reviewed the draft of the annual smoking cessation report. They had no suggested changes to the content; the September disenroll count will be added if received in time for submission. Laurie Pestel motioned to accept the draft as written, and Dr. Graber seconded. The vote was unanimous. Pam Smith will email the Iowa Department of Public Health to ascertain the cost of Quitline for Iowa Medicaid as was requested, and inquire if they have suggestions for getting around the communication barriers in follow-up questioning that tend to exist within this population. Funding for this program may change, or be eliminated completely, in the near future. However, the Commission was advised to offer recommendations independent of this possibility, especially since their recommendations could impact funding allowances. Additionally, Dr. Graber requested that, should the program be allowed to continue, the benefits of allowing prior authorization for smoking cessation products even without enrollment in Quitline be taken into consideration.

Public Comment

There were no public comments provided.

Prior Authorization

Colchicine (Colcrys): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for colchicine (Colcrys®). Payment will be considered for the diagnosis of:

1) *Acute gout following a trial and therapy failure at a therapeutic dose with a) a preferred oral NSAID and b) an oral or intraarticular injected corticosteroid. A quantity limit of ten (10) tablets per thirty (30) days will be applied, when criteria for coverage for acute gout are met.*
2) *Chronic hyperuricemia/gout prophylaxis following a trial and therapy failure at a therapeutic dose with allopurinol or probenecid. A quantity limit of sixty (60) tablets per thirty (30) days will be applied, when criteria for coverage for chronic hyperuricemia or gout prophylaxis are met.*
3) *Familial Mediterranean fever. A maximum quantity limit of 120 tablets per thirty (30) days will be applied for this diagnosis.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

The Commission feels that 3 colchicine tablets every 2 months should be allowable for acute gout attacks without prior authorization. The programming this will require will be looked into, and additional utilization and cost comparison data will be brought back to the April meeting.

Topical Immunomodulators: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for topical immunomodulators. Payment for pimecrolimus (Elidel®) or tacrolimus (Protopic®) 0.03% will be considered for non-immunocompromised patients two years of age and older and tacrolimus (Protopic®) 0.1% for members 16 years of age and older when there is an adequate trial and therapy failure with two preferred topical corticosteroids. If criteria for coverage are met, requests will be approved for one tube per 90 days to ensure appropriate short-term and intermittent utilization of the medication. Quantities will be limited to 30 grams for use on the face, neck, and groin, and 60 grams or 100 grams for all other areas. The required trials may be overridden when documented evidence is provided that use of the preferred agents would be medically contraindicated.

Dr. Schutte-Schenck motioned to accept the recommended criteria, and Larry Ambroson seconded. The vote was unanimous. It will be sent out to associations for comment.

Proton Pump Inhibitors: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is not required for the preferred proton pump inhibitors (PPIs) for a cumulative 60 days of therapy per 12-month period. Prior authorization will be required for all non-preferred proton pump inhibitors as indicated on the Iowa Medicaid Preferred Drug List beginning the first day of therapy. Payment for a non-preferred proton pump inhibitor will be authorized only for cases in which there is documentation of previous trials and therapy failures with three preferred products. Prior authorization is required for any PPI usage longer than 60 days or more frequently than one 60-day course per 12-month period. The 12-month period is patient specific and begins 12 months before the requested date of prior authorization. Payment for usage beyond these limits will be authorized for cases in which there is a diagnosis of:

1. *Specific Hypersecretory conditions (Zollinger-Ellison syndrome, systemic mastocytosis, multiple endocrine adenomas).*
2. *Barrett's esophagus.*
3. *Erosive esophagitis*
4. *Symptomatic gastroesophageal reflux after documentation of previous trials and therapy failure with at least one histamine H2-receptor antagonist at full therapeutic doses. Requests for PPIs exceeding one unit per day will be considered after documentation of a therapeutic trial and therapy failure with concomitant use of once daily PPI dosing and a bed time dose of a histamine H2-receptor antagonist. Upon failure of the combination therapy, subsequent requests for PPIs exceeding one unit per day will be considered on a short term basis (up to 3 months). After the three month period, a retrial of the recommended once daily dosing will be required. A trial of the recommended once daily dosing will be required on an annual basis for those patients continuing to need doses beyond one unit per day.*
5. *Recurrent peptic ulcer disease after documentation of previous trials and therapy failure with at least one histamine H2-receptor antagonist at full therapeutic doses and with documentation of either failure of Helicobacter pylori treatment or a negative Helicobacter pylori test result.*

A quantity limit of one unit per day for all PPIs was also recommended; the Commission

had no further suggested changes for the criteria language. Brett Faine motioned to accept the recommended criteria, and Larry Ambroson seconded. It will be sent out to associations for comment.

Selected Brand Name Drugs: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for selected brand-name drugs, as determined by the Department, for which there is available an "A" rated bioequivalent generic product as determined by the Federal Food and Drug Administration, unless the brand drug has been designated by the Department as preferred (payable) under the Iowa Medicaid Preferred Drug List (PDL). For prior authorization to be considered, the prescriber must submit a completed Selected Brand Name PA form with:

- *Documentation of trials and therapy failures with two different generic manufacturers of the same chemical entity, if available. If an allergy to an inactive component is suspected, the second trial must be with a generic product that does not contain the allergen, if available.*
- *Documentation of the failure must include the specific adverse reaction as defined by the FDA (See Section B of the MedWatch form). Intolerances, such as nausea or vomiting, to the generic drug will not be considered as a basis for approval.*
- *Trials may be overridden when evidence is provided that use of the generic product would be medically contraindicated.*

Craig Logemann motioned to accept the above criteria, and Dr. Graber seconded. This will now be sent to the associations for comment.

Vitamins, Minerals and Multiple Vitamins: On September 9th, the Iowa Medicaid P&T Committee voted in favor of removing the prior authorization criteria for Vitamin D drops for pediatric patients, supporting the recommendation from the American Academy of Pediatrics (AAP) regarding vitamin D supplementation for infants. The DUR Commission reviewed the prior authorization criteria as follows:

Payment for vitamins, minerals and multiple vitamins for treatment of specific conditions will be approved when there is a diagnosis of specific vitamin or mineral deficiency disease or for patients under 21 years of age if there is a diagnosed disease which inhibits the nutrition absorption process as a secondary effect of the disease. (Prior approval is not required for prescribed multi-vitamins with or without iron or vitamin D supplements for patients under 12 months of age or a prescription product primarily classified as a blood modifier, if that product does not contain more than three vitamins/minerals or for products principally marketed as prenatal vitamin-mineral supplements.)

Dr. Schutte-Schenck motioned to accept the above criteria, and Dr. Clor seconded. Laurie Pestel also inquired about coverage of Vitamin D supplements for adult use. Given current budget constraints, it would not be possible to allow Vitamin D for all adults, but prior authorizations would be approved if lab values showing deficiency were included.

Extended-Release Alpha$_2$ Agonists: The DUR Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for extended-release alpha$_2$ agonists. Payment will be considered for patients when the following is met:

1) *The patient has a diagnosis of ADHD and is between 6 and 17 years of age; and*
2) *Previous trial with the preferred immediate release product of the same chemical entity at a therapeutic dose that resulted in a partial response with a documented intolerance; and*
3) *Previous trial and therapy failure at a therapeutic dose with one preferred amphetamine and one preferred non-amphetamine stimulant; and*
4) *Previous trial and therapy failure at a therapeutic dose with atomoxetine (Strattera®).*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Public Comment

There were no public comments provided.

Focus Studies

Long Term Use of Short Acting Opioids: This was a follow-up discussion, and the Commission had no further comments or recommendations.

Off Label Utilization of Cholinomimetics: This was a follow-up discussion, and the Commission had no further comments or recommendations.

Aripiprazole (Abilify) for Depression: This was a follow-up discussion, and the Commission had no further comments or recommendations.

Multiple Oral Anti-Diabetic Medications: This was a follow-up discussion, and the Commission had no further comments or recommendations.

Atypical Antipsychotics and Metabolic Screening: Dr. Wadle asked that the medications be broken out for further analysis. This will be brought back to the next meeting. Also, the wording will be redone to state "4 or more prescriptions" for antipsychotics, rather than "multiple antipsychotics" as some fills could actually have been for the same medication.

Utilization of Drugs on Beers List: The Commission wished to establish what percentage of the population over 65 years of age was reflected in these findings prior to developing a study or DUR Digest article. They also wondered what percentage of the members were in a long-term care plan or nursing home. This will be brought back to the next meeting.

Antidepressant Use in Children: The Commission asked that the diagnoses be broken down by age range. Claim histories will also be investigated to see how many of them are receiving collateral services like psychotherapy. Pam Smith will verify that Iowa Plan claims were included in the results.

Promethazine Use in Children: The Commission wants to place a ProDUR edit on promethazine-containing products for children under 2 years of age and place a ProDUR edit on promethazine plus codeine cough syrups for children under 6 years of age. Providers appearing in the study results for the members less than 2 years of age will be contacted. It was also suggested that this topic appear as a DUR Digest article prior to the next flu season.

Miscellaneous

DUR Digest: The Commission members offered changes and additions to the draft for DUR Digest Volume 23, Number 2.

The Lewin Group Report: The Commission members were given a copy of this report. They had no additional comments.

SMAC Updates: The Commission members were given a copy of the SMAC changes that had gone into effect since October.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 11:46 to adjourn the meeting and move to closed session (1st by Larry Ambroson, 2nd by Dr. Clor).

The next meeting will be held at 9:30 a.m. on Wednesday, April 6, 2011 at the Learning Resource Center in West Des Moines.

Iowa Medicaid Drug Utilization Review Commission
Meeting Minutes April 6, 2011

Attendees:

Commission Members
Mark Graber, M.D., FACEP; Casey Clor, M.D.; Richard Rinehart, M.D.; Craig Logemann, R.Ph., Pharm.D.; BCPS; Sara Schutte-Schenck, D.O., FAAP; Laurie Pestel, Pharm.D.; Larry Ambroson, R.Ph.; Brett Faine, Pharm.D.; and Susan Parker, Pharm.D.
Staff
Pam Smith, R.Ph.
Guests
Chuck Wadle, D.O., Magellan; Jason Kessler, M.D.; Sandy Pranger, R.Ph., IME; Erin Halverson, R.Ph., IME; and Melissa Biddle, IME.

Welcome & Introductions

Dr. Graber called the meeting to order at 9:33 a.m. at the Learning Resource Center in West Des Moines. The minutes from the February 2, 2011 meeting were reviewed. Craig Logemann motioned to accept them, and Dr. Clor seconded. The vote was unanimous.

IME Updates

J-code issues can now be emailed to pcapricinginquiry@dhs.state.ia.us; this address is posted on both the Iowa Medicaid PDL and IME websites. Letters to manufacturers to begin the process for supplemental rebate negotiations for 2012 have been sent. This is also posted on www.iowamedicaidpdl.com on the Manufacturers/Supplemental Rebate Information page. May 10, 2011 is the deadline for initial submission of supplemental rebate offers. Additional contact and 2012 timeline information were provided in the letter as well. IME is continuing to work on a state-wide health care home project, and also applied for a grant as part of the Affordable Care Act. The annual provider training session will be June 6, 2011.

Psychotropics in Children

Dr. Wadle presented a PowerPoint presentation on the use of psychotropics in children. After reviewing the slides, the Commission felt that the findings for those ages 5 and below should be examined more closely. They agreed that 8 weeks would be a reasonable length of time for a drug trial. Pam Smith will inquire if an algorithm could be created to ascertain true multiple providers, and screen out those that are clinic-related. The Commission asked that children with more than 2 providers within 2 months be identified as well. Results will be brought back to a future meeting for possible creation of intervention and/or prior authorization criteria, and this topic will also be presented to the Mental Health Advisory Group.

Prevalence Report Summary

Statistics from January though February 2011 were discussed, including: cost per user ($238.02), number of total prescriptions dispensed (a decrease of 1.8% compared to the previous reporting period), average cost per prescription ($60.11), and generic utilization (77.0%). The total paid amount decreased by 1.7% from the previous period. There were 167,174 unique users, which is 4.5% more than the total for November and December. Lists of the top 20 therapeutic classes were provided. Atypical Antipsychotics were the most expensive, and Long-Acting Amphetamines came in second. SSRIs had the highest prescription count, and Beta-Lactams/Clavulanate Combinations came in second. The top 100 drugs were also reviewed. Nine of the ten most expensive medications were mental health drugs, including 3 different strengths of Abilify. Pam Smith will see if all strengths of each drug could be combined on one line to provide a more accurate picture of overall expenditures. Hydrocodone/apap had the highest prescription count.

Case Studies

Pam Smith presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of $5,360.19 pre-rebate (state and federal).

Public Comment

Aleksandra Sundberg from Novartis spoke about Gilenya. Barbara Felt from GlaxoSmithKline talked about the asthma population and the corresponding focus study recommendations to be discussed later in the meeting. Julie Zatizabal from EMD Serono, spoke about Egrifta. Richard Wurdesen from AstraZeneca spoke about Crestor.

Prior Authorization

Colchicine (Colcrys): The Commission reviewed the prior authorization criteria as follows:

> *Prior authorization is not required for colchicine (Colcrys®) for the treatment of acute gout for three (3) tablets per 60-day period. Prior authorization is required for colchicine (Colcrys®) for the treatment of chronic hyperuricemia/gout prophylaxis or Familial Mediterranean fever. Payment will be considered under the following conditions:*
>
> *1) Chronic hyperuricemia/gout prophylaxis following a trial and therapy failure at a therapeutic dose with allopurinol or probenecid. A quantity limit of sixty (60) tablets per thirty (30) days will be applied, when criteria for coverage for chronic hyperuricemia or gout prophylaxis are met.*
> *2) Familial Mediterranean fever. A maximum quantity limit of 120 tablets per thirty (30) days will be applied for this diagnosis.*
>
> *The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

Dr. Clor motioned to accept the recommended criteria, and Dr. Rinehart seconded. The motion was unanimous.

Tesamorelin (Egrifta): The Commission deemed this medication not medically necessary, so it will not be covered. Craig Logemann motioned to make this a non-covered drug, and Brett Faine seconded. All members were in favor of the motion. Pam Smith will contact some providers as requested to get their opinions on this decision.

Fingolimod (Gilenya): The Commission reviewed the prior authorization criteria as follows:

> *A prior authorization is required for Gilenya™. Payment will be considered under the following conditions:*
> 1. *A diagnosis of relapsing forms of multiple sclerosis, AND*
> 2. *A previous trial and therapy failure with a preferred interferon or non-interferon used to treat multiple sclerosis.*
>
> *The required trial may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

Dr. Clor motioned to accept the recommended criteria, and Larry Ambroson seconded. The vote was unanimous. A quantity limit of 1 capsule per day was also recommended.

Topical Immunomodulators: The Commission reviewed the prior authorization criteria as follows:

> *Prior authorization is required for topical immunomodulators. Payment for pimecrolimus (Elidel®) or tacrolimus (Protopic®) 0.03% will be considered for non-immunocompromised patients two years of age and older and tacrolimus (Protopic®) 0.1% for members 16 years of age and older when there is an adequate trial and therapy failure with two preferred topical corticosteroids. If criteria for coverage are met, requests will be approved for one tube per 90 days to ensure appropriate short-term and intermittent utilization of the medication. Quantities will be limited to 30 grams for use on the face, neck, and groin, and 60 grams or 100 grams for all other areas. The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Proton Pump Inhibitors: The Commission reviewed the prior authorization criteria as follows:

> *Prior authorization is not required for the preferred proton pump inhibitors (PPI) for a cumulative 60-days of therapy per 12-month period. Prior authorization will be required for all non-preferred proton pump inhibitors as indicated on the Iowa Medicaid Preferred Drug List beginning the first day of therapy. Payment for a non-preferred proton pump inhibitor will be authorized only for cases in which there is documentation of previous trials and therapy failures with three preferred products. Prior authorization is required for any PPI usage longer than 60 days or more frequently than one 60-day*

course per 12-month period. The 12-month period is patient specific and begins 12 months before the requested date of prior authorization. Payment for usage beyond these limits will be authorized for cases in which there is a diagnosis of:

1. *Specific Hypersecretory conditions (Zollinger-Ellison syndrome, systemic mastocytosis, multiple endocrine adenomas).*
2. *Barrett's esophagus.*
3. *Erosive esophagitis*
4. *Symptomatic gastroesophageal reflux after documentation of previous trials and therapy failure with at least one histamine H2-receptor antagonist at full therapeutic doses. Requests for PPIs exceeding one unit per day will be considered after documentation of a therapeutic trial and therapy failure with concomitant use of once daily PPI dosing and a bed time dose of a histamine H2-receptor antagonist. Upon failure of the combination therapy, subsequent requests for PPIs exceeding one unit per day will be considered on a short term basis (up to 3 months). After the three month period, a retrial of the recommended once daily dosing will be required. A trial of the recommended once daily dosing will be required on an annual basis for those patients continuing to need doses beyond one unit per day.*
5. *Recurrent peptic ulcer disease after documentation of previous trials and therapy failure with at least one histamine H2-receptor antagonist at full therapeutic doses and with documentation of either failure of Helicobacter pylori treatment or a negative Helicobacter pylori test result.*

A quantity limit of one unit per day for all PPIs was also recommended. The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Selected Brand Name Drugs: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for selected brand-name drugs, as determined by the Department, for which there is available an "A" rated bioequivalent generic product as determined by the Federal Food and Drug Administration, unless the brand drug has been designated by the Department as preferred (payable) under the Iowa Medicaid Preferred Drug List (PDL). For prior authorization to be considered, the prescriber must submit a completed Selected Brand Name PA form with:

- *Documentation of trials and therapy failures with two different generic manufacturers of the same chemical entity, if available. If an allergy to an inactive component is suspected, the second trial must be with a generic product that does not contain the allergen, if available.*
- *Documentation of the failure must include the specific adverse reaction as defined by the FDA (See Section B of the Select Brand Name form). Intolerances, such as nausea or vomiting, to the generic drug will not be considered as a basis for approval.*
- *Trials may be overridden when evidence is provided that use of the generic product would be medically contraindicated.*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Vitamins, Minerals and Multiple Vitamins: The DUR Commission reviewed the prior authorization criteria as follows:

> *Payment for vitamins, minerals and multiple vitamins for treatment of specific conditions will be approved when there is a diagnosis of specific vitamin or mineral deficiency disease or for patients under 21 years of age if there is a diagnosed disease which inhibits the nutrition absorption process as a secondary effect of the disease. (Prior approval is not required for prescribed multi-vitamins with or without iron or vitamin D supplements for patients under 12 months of age or a prescription product primarily classified as a blood modifier, if that product does not contain more than three vitamins/minerals or for products principally marketed as prenatal vitamin-mineral supplements.)*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

Public Comment

There were no public comments provided.

Focus Studies

Cholesterol Lowering Medications Post-MI: This was a follow-up discussion, and the Commission had no further comments.

Serotonin Syndrome Drug Interactions: The Commission wanted to know how many unique prescribers were involved. They also want to develop a focus study and contact the prescribers of those members who have a past medical history of serotonin syndrome and/or past medical history of hyperthermia to alert them of the possible drug-drug interaction. Anyone with 60 or less tramadol will be excluded from the mailing.

Atypical Antipsychotics and Metabolic Screening: The Commission wanted to develop a DUR Digest article to update providers on the progress in this area but encourage continued improvement in monitoring. Additionally, medical societies will be contacted, to inquire if they would publish this article as well.

Utilization of Drugs on Beers List: The Commission wished to develop a focus study and contact the prescribers of those patients using a drug considered to always be avoided (phenobarbital, flurazepam, butabarital, mephobarbital), recommending they switch to an alternative treatment (or discontinue altogether) since these products are considered to always be avoided in the elderly.

Antidepressant Use in Children: The Commission wants to develop a focus study and contact the prescribers of the 314 members using an antidepressant that do not have a mental health diagnosis in their medical claims.

Treatment of Bipolar Depression: A search will be run in the members' claims histories for any hospitalizations for members not on a mood stabilizer or antipsychotic over a two year time span. Results will be brought back to a future meeting.

Inhaled Long Acting Beta Agonists in Asthma: The Commission wished to contact the prescribers of all members 16 years of age or younger who were identified as using an inhaled LABA single-ingredient product to recommend the inhaled LABA be discontinued or changed to a fixed-dose LABA/corticosteroid product for the shortest duration of time necessary. Additionally, the prescribers of all the members identified as using a single-ingredient inhaled LABA without a steroid will be contacted.

<u>Miscellaneous</u>

DUR Digest: The Commission members offered changes and additions to the draft for DUR Digest Volume 23, Number 3.

SMAC Updates: The Commission members were given a copy of the SMAC changes that had gone into effect since February.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 12:20 to adjourn the meeting and move to closed session (1st by Dr. Clor, 2nd by Dr. Rinehart).

The next meeting will be held at 9:30 a.m. on Wednesday, June 1, 2011 at the Learning Resource Center in West Des Moines.

Appendix N
Mental Health Work Group

Mental Health Advisory Group

The Iowa Medicaid Drug Utilization Review Mental Health Advisory Group (MHAG), formerly know as the Mental Health Work Group, was established in State FYE 2008. It is currently comprised of three members of the Drug Utilization Review Commission (one pediatrician, one psychiatrist, and one psychiatric pharmacist), several pediatric and adolescent psychiatrists, an adult psychiatrist, and a psychiatrist from Magellan Health Services.

The Mental Health Advisory Group is a separate entity from the Iowa Medicaid Drug Utilization Review (DUR) Commission. All recommendations from the MHAG must be approved by the DUR Commission before they can be implemented.

The original goal of the MHWG was to address issues that developed specific to the pediatric and adolescent psychiatrists within the State of Iowa when mental health drug consolidation edits were implemented in October, 2007. Since then, the DUR Commission has made the decision to refer other mental health issues that impact the entire mental health population of Iowa Medicaid, regardless of the members' age.

The MHAG met once in State FYE 2011. The minutes from the December 2010 meeting have been included.

Iowa Medicaid DUR Mental Health Work Group
Meeting Minutes December 10, 2010

Attendees:

Commission Members
Bruce Alexander, R.Ph., Pharm.D., BCPP; Sara Schutte-Schenck, D.O., FAAP; Terry Augspurger, M.D.; Kevin Took, M.D.; Richard Rinehart, M.D.; and Mark A. Preston, M.D.
Staff
Jason Kessler, M.D.; and Pam Smith, R.Ph.
Guests
Susan Parker, Pharm.D., DHS; and Sandy Pranger, R.Ph., IME.

Welcome & Introductions

Pam Smith called the meeting to order at 8:20 a.m. at the Iowa Medicaid Enterprise. Commission members and guests were welcomed and introduced.

The minutes from the July 10, 2009 meeting were approved. (Motion by Kevin Took, second by Terry Augspurger, unanimous approval by voice vote.)

Review of Changes to Mental Health Drugs from November P&T Meeting

There weren't as many changes as previously anticipated. Adderall XR will become non-preferred, and existing users will be grandfathered. Paxil CR will also be changing to non-preferred, with existing users grandfathered. There were no other PDL status changes to the mental health drugs. Dr. Augspurger asked what the prior authorization requirements would be for Adderall XR, and Pam Smith replied that they would need a trial and failure on the immediate release product of the same chemical entity. He commented that it would make more sense to require a failure on a preferred product, such as Vyvanse. Pam Smith will take this topic to the DUR Commission for discussion. Susan Parker clarified that some of the issues with the long-acting medications were based on the Healthcare Reform regulations in regards to line extension drugs and the rebates associated with that classification, which made those drugs no longer cost effective for the State. Dr. Took questioned the safety and efficacy of using the short-acting product, as it would need to be sent to school to be taken during the day. Dr. Augspurger echoed this sentiment, reiterating that he believed Vyvanse would be a more appropriate trial.

Proposed PA Criteria

Extended Release Guanfacine (Intuniv) – The Mental Health Advisory Group reviewed the prior authorization criteria as follows:

Prior authorization is required for Intuniv. Payment will be considered for patients when the following is met:

1) The patient has a diagnosis of ADHD and is between 6 and 17 years of age; and

2) Previous trial with immediate release guanfacine at a therapeutic dose that resulted in a partial response with a documented intolerance; and

3) Previous trial and therapy failure at a therapeutic dose with one preferred amphetamine and one preferred non-amphetamine stimulant; and

4) Previous trial and therapy failure at a therapeutic dose with Strattera.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Dr. Augspurger asked if #3 could be omitted, as he does not like to give stimulants to children with comorbid ADHD with anxiety disorder, as they often cause the anxiety to worsen. Pam Smith responded that these trials could be overridden if the proper information was submitted on the PA form. There were no further recommended changes.

Atypical Antipsychotics Combined with Anticholinergics

Dr. Augspurger asked if members were being started on both atypical antipsychotics and anticholinergics at the same time. This had not been included in the search parameters; results were based only on a three month time frame, and there was concern that some cross-titration could be reflected in the findings. He then asked how many providers were involved. Bruce Alexander commented that the DUR Commission had previously looked at six months of data, and found similar results. He also said it would be helpful if the frequency per drug could be figured and evaluated. Dr. Augspurger feels that as long as members are not being started on antipsychotics and anticholinergics at the same time, and providers are starting them on anticholinergics only when they have clinical indications to do so, there isn't a problem with anticholinergic use. He thinks the question at hand is whether it's appropriate to use multiple antipsychotics. Dr. Took said that there are instances in dealing with aggressive children where he has no other choice but to prescribe multiple antipsychotics in combination. Pam Smith will revise the data to focus on multiple antipsychotics by age range, breaking down the members on risperidone, and comparing those on combinations versus those who aren't. Dr. Took said he usually tries 3 to 4 atypicals or more before using a combination. However, many members have multiple prescribers (some even seen only once), and he feels that is the primary issue. This data will be rerun as suggested and brought back to the next meeting.

The meeting adjourned at 9:10 a.m. (1st by Kevin Took, 2nd by Terry Augspurger.) The next meeting has not yet been scheduled. The members thought it best to wait and see if anything was referred to them by the DUR Commission at its February 2, 2011 meeting.

Appendix O
Smoking Cessation Report

Annual Smoking Cessation Report

This will be the final Smoking Cessation Report in this format. Going forward, the DUR Commission will review the smoking cessation products as a part of the annual review of PA criteria and make recommendations to the Department based on this review.

Additionally, effective January 1, 2014, smoking cessation products are no longer considered an excludable drug category pursuant to 42 U.S.C.1396r-8.

IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION
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Sara Schutte-Schenck, D.O., FAAP

Professional Staff:
Pam Smith, R.Ph.
DUR Project Coordinator

To: **Susan Parker, R.Ph., Pharm.D.**

From: **The Iowa Medicaid Drug Utilization Review Commission**

Regarding: **The Iowa Medicaid Smoking Cessation Program**

Date: **February 8, 2011**

Enclosed please find a copy of report to the Department relative to the Iowa Medicaid Smoking Cessation Program.

This report is divided into three sections: Background, Program Results, and DUR Review and Recommendations.

Background

A. Program Review

- The 2005-2006 General Assembly passed HF825 and HF841 requesting that the Department expand coverage under the medical assistance program to cover smoking cessation drugs. This was to be done in collaboration with the Iowa Department of Public Health programs relating to tobacco use prevention and cessation.
- Iowa Medicaid requested that the Iowa Medicaid Drug Utilization Review (DUR) Commission develop prior authorization criteria for the smoking cessation program incorporating counseling through Quitline Iowa. (Studies have shown that smoking cessation programs that incorporate counseling in conjunction with medication therapy have higher success rates.)
- The Pharmaceutical and Therapeutics (P&T) Committee were requested to review the smoking cessation products for inclusion on the Preferred Drug List.
- Effective January 1, 2007, the Iowa Medicaid Program expanded coverage to include select over-the-counter nicotine replacement patches and gum, and generic bupropion sustained-release (SR) products that are FDA-indicated for smoking cessation (generic Zyban®). Effective April, 5, 2010, bupropion 150mg sustained-release products that are FDA-indicated for smoking cessation (generic Zyban®) require a prior authorization (PA). Prior to April 5, 2010, it was available without prior authorization. Over-the-counter nicotine replacement patches and gum are covered with a prior authorization.

- The Iowa Medicaid DUR Commission reviewed the clinical information available for varenicline (Chantix™) on several occasions and had recommended to the Department of Human Services the drug not be covered until more safety and efficacy data were made available. Specifically, the Commission was interested in seeing safety and efficacy data on varenicline (Chantix™) used in medically complex patients with multiple chronic conditions that more closely resembled the Medicaid population. To date, such data is not available. The Department of Human Services made the decision, however, to provide coverage of varenicline (Chantix™) since safety and efficacy had already been proven as part of the Food and Drug Administration's (FDA) approval process. Therefore, effective February 18, 2008, the Iowa Medicaid Program again expanded coverage to include the prescription product, varenicline (Chantix™) with a prior authorization.
- Section 4107 of HR 3590 requires coverage of all approved non-prescription nicotine replacement (NRT) for pregnant Medicaid members. Effective October 1, 2010, nicotine lozenges were added to the list of covered NRT products for all members for simplicity of administration.

B. Prior Authorization (PA) Criteria for Nicotine Replacement Therapy and Smoking Cessation Therapy

Following recommendations from both the DUR and P&T Committees, the prior authorization criterion were established as follows:

Prior Authorization is required for over-the-counter nicotine replacement patches, gum and lozenges. Requests for authorization must include:

1) Diagnosis of nicotine dependence and referral to the Quitline program for counseling.

2) Confirmation of enrollment in the Quitline counseling program is required for approval.

3) Approvals will only be granted for patients eighteen years of age and older.

4) The maximum allowed duration of therapy is twelve weeks within a twelve-month period.

5) Patients may receive nicotine replacement patches in combination with one of the oral nicotine replacement products (gum or lozenges). A maximum quantity of 14 nicotine replacement patches and 110 pieces of nicotine gum or 144 nicotine lozenges may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4-week supply at one unit per day of nicotine replacement patches and 330 pieces of nicotine gum or 288 nicotine lozenges. Following the first 28 days of therapy, continuation is available only with documentation of ongoing participation in the Quitline program.

6) The 72-hour emergency supply rule does not apply for drugs used for the treatment of smoking cessation

Prior Authorization is required for varenicline (Chantix™) or bupropion SR that is FDA approved for smoking cessation. Requests for authorization must include:

1) Diagnosis of nicotine dependence and referral to the Quitline program for counseling.

2) Confirmation of enrollment and ongoing participation in the Quitline counseling program is required for approval and continued coverage.

3) Approvals will only be granted for patients eighteen years of age and older.

4) The duration of therapy is initially limited to twelve weeks within a twelve-month period. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment will be considered with a prior authorization request. The maximum duration of approvable therapy is 24 weeks within a twelve-month period.

5) Requests for varenicline to be used in combination with bupropion SR or nicotine replacement therapy will not be approved.

6) The 72-hour emergency supply rule does not apply for drugs used for the treatment of smoking cessation

C. Prior Authorization (PA) Process

- Iowa Medicaid members who want assistance in quitting smoking need to be referred to Quitline by their healthcare provider.
- If it is determined that the member would benefit from using over-the-counter nicotine replacement patches and/or gum, a Nicotine Replacement Therapy Prior Authorization form must be completed by the member and the prescriber. Alternatively, if it is determined that the member would benefit from using varenicline (Chantix™) or bupropion SR that is FDA indicated for smoking cessation, a Smoking Cessation Therapy - Oral Prior Authorization form must be completed by the member and the prescriber. The completed form(s) is then faxed to Quitline. Quitline will follow up with the member and assess the member's smoking cessation counseling needs.
- Following this initial consultation, Quitline will submit the prior authorization request to the Iowa Medicaid Pharmacy Prior Authorization Unit for coverage of the necessary smoking cessation products.
- In the event that the member chooses to disenroll from the Quitline program, all approved prior authorizations will be cancelled and notification will be faxed to the provider and pharmacy, while a letter will be mailed to the member.

Program Results

Quitline Program

National Jewish Medical and Research Center began providing Quitline services for the Iowa Department of Public Health (IDPH) on January 1, 2008. The University of Northern Iowa has partnered with National Jewish to evaluate participant satisfaction and quit rates. The relationship between Iowa Medicaid and IDPH is a collaborative effort to provide smoking cessation products through Medicaid and counseling services through IDPH (via the contractual relationship with National Jewish Medical Center) to those who qualify for Iowa Medicaid.

Current literature for all populations, not solely Medicaid members, that examine quit rates for various interventions reports that the odds ratio of maintaining abstinence from smoking at six months following multiple proactive call back counseling sessions after contact was initiated by a motivated quitter

(similar to how the Quitline program works) is 1.41.[1] It has also been found that higher intensity disease management is associated with higher abstinence from smoking.[2] When smoking cessation counseling is combined with drug therapy, the odds of achieving cessation are often times doubled.

When looking at the odds ratio of maintaining abstinence from smoking six months after using pharmacotherapy, current literature (not exclusively looking at a Medicaid population) report the following: nicotine patches – 1.9; nicotine gum – 1.5; bupropion SR – 2.0, and varenicline – 3.1.[3] Some studies have compared varenicline with nicotine replacement. In an open-label randomized trial of 757 smokers, the four-week continuous abstinence rate at the end treatment was higher for the varenicline group (56%) compared to the nicotine patch group (43%). Continuous abstinence rates through week 52 narrowed to 26% versus 20% respectively.[4]

Quitline received 4,760 faxed referrals for Iowa Medicaid members between October 1, 2009 and September 30, 2010. From these referrals, 2,855 members were enrolled in the Quitline program. From October 1, 2009 through August 31, 2010, 3,943 members were disenrolled from the Quitline program. (This represents only 11 months of disenrolls due to Quitlines inability to report the number of disenrolls from the month of September 2010 forward). The inability to reach the member was a barrier to the enrollment process as Quitline counselors often received constant busy signals, invalid phone numbers, or disconnected phones. For the specified time period above, 1,323 (28%) members could not be reached by the Quitline counselors, 221 (5%) members declined enrollment, and 361 (8%) members requested information only. Compared to data from last year, 1,659 (30%) members could not be reached by the Quitline counselors, 222 (4%) members declined enrollment, and 253 (5%) members requested information only.

The evaluation of Quitline is conducted by the University of Northern Iowa Center for Social and Behavioral Research (CSBR). As a part of this evaluation, CSBR conducts follow-up interviews with Quitline Iowa callers. On July 1, 2010, the protocol for the follow-up interviews changed. This change was mandated by the US Centers for Disease Control and Prevention (CDC). The original protocol (implemented prior to July 1, 2010) included follow-up calls to three cohorts of participants: one at 3 months following their first call to Quitline, one at 6 months, and one at 12 months. On July 1, 2010, the protocol changed to include only one cohort of participants, contacted 7 months after their first call to Quitline. In addition, the questionnaire used for the follow-up interview was changed.

Due to changes in the protocol, the following data is presented as the original protocol (October 1, 2009 through June 30, 2010) and the new protocol (July 1, 2010 through September 30, 2010). Numbers reported are not unique members.

Original Protocol – October 1, 2009 through June 30, 2010
Due to the small sample size of relevant evaluation participants who are classified as Medicaid clients, results from all three groups of participants are presented together in this section. Smoking status was assessed by the following question: "During the past 30 days, on how many days did you smoke

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[1] Meites, Elissa. Telephone Counseling Improves Smoking Cessation Rates. *Am Fam Physician*. 2007; 75(5): 650.
[2] Ellerbeck EF, Mahnken JD, Cupertino AP et al. Effect of varying levels of disease management on smoking cessation : a randomized trial. *Ann Intern Med*. 2009;150(7):437-46

[3] Fiore, MC, Jaen, CR, Baker, TB, et al. Treating tobacco use and dependence: 2008 update. US Department of Health and Human Services 2008. www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf (Accessed on December 16, 2010).

[4] Aubin, HJ, Bobak, A, Britton, JR, et al. Varenicline versus transdermal nicotine patch for smoking cessation: results from a randomized open-label trial. Thorax 2008; 63:717.

cigarettes?" Participants who said they had not smoked on any of the past 30 days were considered to have quit smoking.

Overall, 1,512 people completed follow-up interviews. Of those 1,512 participants, 300 (19.8%) were classified as being Medicaid clients of Quitline. Of these 300 participants:

- 293 (99.0%) said they smoked cigarettes around the time of their first call to Quitline
- Of these 293 participants, 66 (22.7%) said they had not smoked cigarettes on any of the past 30 days at follow-up.
    - 296 participants (23.6%) provided an answer to the question "how many times did you speak with a Quitline representative?"
        - 1 time: 39 (14.5%)
        - 2 times: 50 (17.1%)
        - 3 to 5 times: 93 (31.7%)
        - 6 to 10 times: 57 (19.5%)
        - More than 10 times: 30 (10.2%)
    - Of the 180 participants who said they spoke with a Quitline representative 3 or more times, 42 (23.3%) reported they had not smoked cigarettes on any of the past 30 days at follow-up.

New Protocol – July 1, 2010 through September 30, 2010
Tobacco use status was assessed using several questions. The following question was used in this analysis: "Have you smoked any cigarettes or used other tobacco, even a puff or a pinch, in the last 30 days?" Participants who answered no were classified as having quit using tobacco.

Overall, 442 follow-up interviews with the new protocol were completed with Quitline Iowa callers. Of those 442 participants, 195 (44.1%) were classified by Quitline as being Medicaid referred callers.

- Of these 195 Medicaid-referred participants, 58 (29.2%) said they had not used any tobacco in the 30 days prior to the follow-up interview.

In summary, of the 495 participants identified as Medicaid referrals, 124 (25%) said they had not smoked cigarettes during the past 30 days at follow-up. Interestingly, cessation rates appear to be higher with the new protocol than the previous protocol (29.2% vs. 22.7%).

Prior Authorization Program

For the time period of October 1, 2009 through September 30, 2010, 7,701 Prior Authorizations (PA) were approved for smoking cessation products out of a total of 11,667 requests or 66% were approved. Reasons for denial of the PA include: the member was under 18 years of age, the member was not enrolled in Quitline, the PA request form was incomplete, the PA request was for a Medicare covered product for a dual eligible, or the member had disenrolled from Quitline. There were also 25 PA requests for noncovered products; one of which resulted in a request for an Exception to Policy which was not granted.

For this time period of October 1, 2009 through September 30, 2010, members received a total of 5,897 prescriptions for smoking cessation products at a total cost (federal and state dollars before rebates) of $508,540.48. Additional costs for administration of the Quitline Iowa program would be incurred by the Iowa Department of Public Health.

October 1, 2009 through September 30, 2010

	Number of Prescriptions	Number of PAs Approved	Amount Paid†
Bupropion SR	60	6/14 *(43%)	$3,955
Nicotine Replacement Therapy	2,878	3,614/ 4,995 (72%)	$132,342
Chantix	2,959	4,081/6,658 (61%)	$372,243
Total	5,897	7,638/11,667 (65%)	$508,540

*Effective April 5, 2010, PA required

† Total dollars pre-rebate (state and federal)

DUR Review and Recommendations

The Commission continues to evaluate the safety and efficacy data that becomes available for varenicline (Chantix™). At their meeting held in September 2008, the Commission reviewed new safety information relative to use of varenicline in various mental health disorders. The clinical prior authorization criteria were reviewed and compared to the Veteran's Administration prior authorization criteria. The Commission came to the consensus that no recommended changes to the Medicaid clinical prior authorization criteria were required at this time. Also, the DUR Commission elected not to review the clinical PA criteria as part of the annual review of criterion during their meeting in August 2009 and October 2010. However, the Commission will continue to monitor safety data and other third party payers' prior authorization criteria to determine if any changes would be appropriate in the future.

The Commission also reviewed the November 6, 2009 MMWR article *State Medicaid Coverage for Tobacco-Dependence Treatments – United States, 2007* at their meeting in December 2009. Although the article recommends open access to tobacco-dependence treatments without barriers or limitations in Medicaid populations, the Commission felt it was not appropriate for Iowa Medicaid to change the current smoking cessation program due to the low rate of requests for non-covered products and there have been no requests for use of smoking cessation therapy beyond the time limits currently in place.

The Commission recommends that Quitline continue to establish ways to collect better efficacy data on the program and specific product efficacy and utilization data including adverse drug reactions from covered medications specific to the Iowa Medicaid population. In addition, the Commission recommends that Quitline continue to develop strategies to identify and resolve communication barriers with Iowa Medicaid enrollees. At this time, the Commission has no recommended changes on the products currently covered under the smoking cessation program.

The Iowa Medicaid DUR Commission appreciates the opportunity to make these recommendations to the Department.

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Attachments (3)

Si..oking Cessation PA Statistics

	Nicotine Patches							Nicotine Gum						Chantix						Bupropion						
	Approved		Denied		Incomplete			Approved		Denied		Ineligible		Approved		Denied		Incomplete	Not Required	Total	Approved		Denied		Incomplete	Not Required	Total
Oct-09	231	63.64%	122	33.61%	1 of the original 122 denials ended up getting a pa	10	2.75%	13	72.22%	5	27.78%	0 of the original 5 denials ended up getting a pa	0	0.00%	312	52.97%	227	38.54%	43	6.16%	2	0.34%	589							
Nov-09	321	78.29%	67	17.45%	2 of the original 67 denials ended up getting a pa	16	4.17%	17	70.83%	6	25.00%	1 of the original 6 denials ended up getting a pa	1	4.17%	368	63.66%	138	24.07%	55	6.33%	4	0.75%	568							
Dec-09	376	62.96%	150	33.15%	8 of the original 150 denials ended up getting a pa	16	3.26%	15	34.21%	22	59.51%	1 of the original 23 denials ended up getting a pa	2	5.26%	439	53.70%	333	40.78%	41	5.02%	10	1.22%	817							
Jan-10	264	65.65%	105	26.37%	10 of the original 105 denials ended up getting a pa	16	4.35%	22	68.75%	10	31.25%	1 of the original 10 denials ended up getting a pa	0	0.00%	341	68.80%	175	31.05%	42	7.10%	2	0.50%	500							
Feb-10	355	79.78%	63	15.75%	5 of the original 65 denials ended up getting a pa	17	4.05%	20	64.52%	9	29.03%	2 of the original 9 denials ended up getting a pa	2	6.45%	417	61.32%	205	30.29%	40	5.88%	17	2.50%	680							
Mar-10	367	76.75%	100	20.92%	8 of the original 100 denials ended up getting a pa	24	4.69%	23	67.65%	11	32.35%	0 of the original 11 denials ended up getting a pa	0	0.00%	437	61.29%	231	32.40%	38	5.33%	7	0.98%	713							
Apr-10	333	76.15%	102	23.32%	12 of the original 102 denials ended up getting a pa	14	3.12%	21	58.33%	13	36.11%	4 of the original 13 denials ended up getting a pa	2	5.56%	416	66.77%	169	27.13%	32	5.14%	6	0.96%	623	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
May-10	283	73.50%	82	22.42%	10 of the original 82 denials ended up getting a pa	19	5.19%	20	71.43%	8	28.57%	0 of the original 8 denials ended up getting a pa	0	0.00%	320	65.31%	135	27.76%	28	5.71%	6	1.22%	490	1	50.00%	1	50.00%	0	0.00%	0	0.00%	2
Jun-10	364	72.31%	123	23.96%	1 of the original 123 denials ended up getting a pa	19	3.75%	22	57.89%	13	36.84%	0 of the original 14 denials ended up getting a pa	2	5.26%	309	54.02%	230	42.21%	29	5.07%	4	0.70%	572	0	0.00%	1	33.33%	2	66.67%	0	0.00%	3
Jul-10	263	78.66%	55	17.05%	7 of the original 64 denials ended up getting a pa	11	4.26%	6	54.55%	5	45.45%	1 of the original 5 denials ended up getting a pa	0	0.00%	234	71.35%	63	19.33%	23	7.06%	6	1.84%	326	1	50.00%	0	0.00%	1	50.00%	0	0.00%	2
Aug-10	252	73.25%	63	26.69%	3 of the original 68 denials ended up getting a pa	11	3.13%	11	42.31%	15	57.69%	0 of the original 16 denials ended up getting a pa	0	0.00%	256	57.92%	143	32.35%	29	6.56%	14	3.17%	442	0	0.00%	0	0.00%	2	100.00%	0	0.00%	2
Sep-10	235	68.45%	24	6.73%	2 of the original 24 denials ended up getting a pa	12	4.76%	12	100.00%	0	0.00%	n/a	0	0.00%	235	76.72%	54	17.62%	11	3.59%	2	0.65%	310	4	80.00%	0	0.00%	0	0.00%	1	20.00%	5
Total	3414		1022			183		209		119			9		4381		2076		536		55		6553	6		2		5		1		14
Average	295	73.60%	89	22.59%		15	3.99%	17	60.97%	10	34.22%		1	2.23%	343	62.56%	176	30.12%	39	5.96%	7	1.06%	555	1	30.00%	0	13.67%	1	36.11%	0	3.33%	2

Smoking Cessation Prescription and Paid Dollar Amounts*

	Nicotine Patches		Nicotine Gum		Bupropion		Chantix		Total Monthly Paid Amount for Patches, Gum, Bupropion, and Chantix
	Number of Prescriptions	Amount Paid	Number of Prescriptions	Amount Paid	Number of Prescriptions	Amount Paid	Number of Prescriptions	Amount Paid	
Oct-09	170	$7,823.65	10	$498.92	12	$767.99	238	$28,029.40	$37,119.96
Nov-09	215	$9,726.58	11	$518.72	10	$654.00	230	$26,775.75	$37,675.05
Dec-09	197	$9,105.18	15	$657.75	8	$466.24	290	$33,970.75	$44,199.92
Jan-10	180	$8,227.80	21	$966.51	10	$715.87	246	$30,799.50	$40,709.68
Feb-10	235	$11,005.00	17	$823.66	6	$397.28	297	$38,213.12	$50,439.06
Mar-10	299	$13,560.69	22	$967.85	13	$916.43	340	$43,422.59	$58,867.55
Apr-10	322	$14,631.45	25	$1,058.42	0	$0.00	325	$41,751.53	$57,441.40
May-10	223	$10,401.42	18	$806.53	0	$0.00	271	$34,617.91	$45,825.86
Jun-10	241	$11,322.36	20	$854.92	0	$0.00	255	$32,440.40	$44,617.68
Jul-10	231	$10,896.83	15	$686.37	0	$0.00	180	$23,876.16	$35,459.36
Aug-10	245	$11,116.50	11	$484.12	0	$0.00	194	$25,971.78	$37,572.40
Sep-10	128	$5,886.34	7	$314.22	1	$37.63	93	$12,374.36	$18,612.55
Total	2686	123704	192	$8,637.99	60	$3,955.44	2959	$372,243.25	$508,540.48
Average	224	$10,308.65	16	$719.83	5	$329.62	247	$31,020.27	$42,378.37

* This report reflects total numbers for all Smoking Cessation prescriptions, including Iowa Care.

Smoking Cessation Total Prescriptions, Unique Client Count, and Disenrolled

	Total Prescription for Patches, Gum, Bupropion, and Chantix	Total Monthly Unique Client Count Per Month for Patches, Gum, Bupropion, and Chantix	Disenrolled
Oct-09	430	378	439
Nov-09	467	400	227
Dec-09	510	412	574
Jan-10	457	402	269
Feb-10	475	556	585
Mar-10	674	557	437
Apr-10	672	563	395
May-10	512	446	344
Jun-10	516	440	309
Jul-10	426	343	246
Aug-10	450	359	118
Sep-10	229	206	Not Available
Total	5818	5062	3943
Average	465	422	358

Appendix P
Recommendations to the P&T

The DUR Commission makes recommendations to the Iowa Medicaid Pharmaceutical & Therapeutics (P&T) Committee regarding the status of a medication on the Preferred Drug List (PDL) as issues arise. During the time period for this report there were no recommendations made to the P&T Committee.